

Washington State
Department of
corrections

Prison Rape Elimination Act

2023 ANNUAL REPORT OF
SEXUAL VICTIMIZATION



A handwritten signature in black ink, appearing to read "Cheryl Strange".

Cheryl Strange
Secretary

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PURPOSE

The Prison Rape Elimination Act (PREA) requires that each facility collect and review data “...in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies and training.” (Standard 115.88 a) This review is intended to:

- Identify problem areas and corrective actions taken on an ongoing basis for each facility and the agency as a whole,
- Compare the current year’s data and corrective actions with those from previous years, and
- Assess the agency’s progress in addressing sexual abuse.

This report is intended to provide information for calendar year 2023.

BACKGROUND

The Prison Rape Elimination Act of 2003 (PREA) Public Law 108-79 was signed into federal law in September 2003 following the unanimous support from both parties in Congress. The purpose of the act is “to provide for the analysis of the incidents and effects of prison rape in Federal, State and local institutions and to provide information, resources, recommendations and funding to protect individuals from prison rape” (Prison Rape Elimination Act, 2003). PREA seeks to establish a zero-tolerance policy regarding sexual abuse, assault, and harassment in all correctional systems, including prisons, jails, police lockups and other confinement facilities for adults and juveniles.

PREA has also mandated the publication of standards to ensure compliance, detailing implementation specifications intended to create a culture of sexual safety within each facility. In addition to these mandatory standards, PREA requires all correctional facilities to conduct sexual abuse incident reviews and collect “accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions” (Standard 115.87 a).

The final rule and standards were published in the federal register on June 20, 2012, and became effective on August 20, 2012. Standards require annual audits of one-third of the facilities under the agency’s jurisdiction as well as Annual Governor Certification of Compliance in all facilities under the operational control of the state’s executive branch, and all private facilities operated on behalf of the executive branch to house incarcerated individuals. Failure to annually certify compliance with standards results in a five-percent reduction in Department of Justice (DOJ) identified grant funds for the following federal fiscal year.

GOVERNOR CERTIFICATION

Each Governor is required to annually certify statewide PREA compliance for all applicable “...facilities in the State under the operational control of the State’s executive branch, including facilities operated by private entities on behalf of the State’s executive branch” (Standard 115.501). Three options are provided to Governors:

- Certification that the State and all applicable facilities are in full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- Assurance that the state/jurisdiction will use not less than five percent of grant funds as identified by the Department of Justice to enable the state/jurisdiction to adopt and achieve full compliance with the National Standards to Prevent, Detect, and Respond to Prison Rape, 28 C.F.R. Part 115.
- Decisions on the part of the Governor not to certify compliance or provide an assurance that the state/jurisdiction is moving toward compliance.

In October 2023, Washington Governor Jay Inslee provided an assurance that the state of Washington was working toward compliance in all applicable facilities. The penalty grant funds will be reallocated toward a temporary Corrections Specialist position to assist with the development and implementation of a sustainable process and ongoing compliance for facilities, ensuring compliance with the Department of Justice standards.

2023 ACCOMPLISHMENTS

During 2023, the WADOC accomplished the following regarding the prevention, detection, and response to sexual abuse and sexual harassment.

- The agency identified the need for continued support and resources to facilities to maintain compliance with DOJ standards during non-audit periods. The PREA Prevention and Education Unit reevaluated and revised the rolling audit process to focus on targeted areas for each facility from prior PREA audits as well as incorporating a pre-audit process to look at all standards. Rolling audits are completed bi-annually with increased onsite visits to each facility.
- The agency was awarded the *Bureau of Justice Assistance (BJA) FY 2022* grant. This grant assisted WADOC towards meeting the needs of transgender, intersex, and non-binary individuals, ensuring they have the support and resources needed. The accomplishments of the work done on this grant in 2023 includes:
 - Establishing a new position, Transgender Housing and Program Manager, to support and provide expertise on:
 1. Gender responsive housing review
 2. Establish and manage gender affirming property
 3. Review and development of policy and process improvements
 4. Training and staff development
- The agency continued work on the *Department of Justice (DOJ) FY 2021* grant. The accomplishments of the work done on this grant in 2023 includes:
 - Completed the development of a centralized contractor / volunteer database to track PREA related training and background checks on all contractors/contract staff/ and volunteers.
 - The MOSS Group (TMG) completed their analysis of the WADOC investigation process and created a GAP Analysis.

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- TMG met with all appointing authorities on identified GAP items and identified strategies moving forward to bridge those gaps.
- Established four Corrections Specialist 4 project positions to assist in the completion of the backlog of investigations that resulted from the COVID-19 pandemic. As a result, WADOC reduced the number of open investigations from 530 as of January 1, 2022, to January 1, 2024, resulting in a 38% reduction in open investigations in 2023.
- The agency completed eight national PREA audits:
 - Progress House Reentry Center – 100% compliance achieved
 - Peninsula Reentry Center – 100% compliance achieved
 - Clallam Bay Corrections Center – 100% compliance achieved
 - Olympic Corrections Center – 100% compliance achieved
 - Airway Heights Corrections Center – 100% compliance achieved
 - Washington Corrections Center – 100% compliance achieved
 - Eleanor Chase Reentry Center – 100% compliance achieved
 - Brownstone Reentry Center – 100% compliance achieved
- The agency partnered with the Office of Crime Victims Advocacy to resume in-person advocate access at all facilities.
- The PREA Prevention and Education Unit worked in collaboration with the Training and Development Unit on successfully completing updates to the annual PREA training for all staff.
- The PREA Prevention and Education Unit established an internal training program for new PREA Compliance Managers and PREA Compliance Specialists to support the facilities in their ongoing efforts to maintain compliance within each facility and ongoing training for audit preparation. A new training desk manual was developed along with annual in-person training.
- The agency completed several enhancements to the OMNI systems to create one data source for pulling data efficiently providing required data to auditors during their DOJ PREA Audits.
- The PREA Advisory Council consisting of the PREA Prevention and Education Unit, facility PREA Compliance Managers, and facility PREA Compliance Specialists, worked closely with Amend to support staff with dynamic security approaches. The PREA & Dynamic Security Taskforce was charged with providing recommendations to WADOC leadership to support staff in implementing Dynamic Security without adversely impacting PREA compliance or related standards. This work led to the review and updates of the PREA Annual Inservice Training and clarification of certain terminology and common cultural practices, along with ongoing updates to agency PREA policies.

AGENCY SEXUAL ABUSE DATA

The Washington Department of Corrections (WADOC) has established definitions of misconduct under PREA that are more comprehensive than those published by the DOJ. These definitions were the result of litigation as well as issues encountered during standard implementation. During 2018, definitions were examined and narrowed, resulting in a shift of allegation information across reporting years. Definitions of misconduct used in data collection are attached to this report.

During the calendar year of 2023, the WADOC conducted investigations into 405 incarcerated individuals(I/I)-on-incarcerated individual (I/I) allegations and 245 staff-on-incarcerated individual (I/I) allegations, for a total of 650 formal investigations. With an I/I population of 13,219 in prison and reentry center facilities (12/31/2023), this results in a rate of 49.17 formal investigations per 1,000 individuals.

The following key is applicable for all data presented in this report:

| | |
|--|--|
| Incarcerated Individual-On-Incarcerated Individual (I/I) | Staff-On-Incarcerated Individual (I/I) |
| ISA = Sexual Assault IASC = Sexual Abuse ISH = Sexual Harassment IR = Retaliation | SSH = Sexual Harassment SSM = Sexual Misconduct SOM = Other Related Misconduct |

The following is the breakdown of allegations by type and finding for calendar year 2023:

| I/I-on-I/I Investigations | Substantiated | Unsubstantiated | Unfounded | Open | Total |
|---------------------------|---------------|-----------------|-----------|------|-------|
| IASC | 3 | 37 | 15 | 7 | 62 |
| ISA | 1 | 35 | 12 | 15 | 63 |
| ISH | 11 | 176 | 42 | 43 | 272 |
| IR | 1 | 5 | 1 | 1 | 8 |
| TOTAL | 16 | 253 | 70 | 66 | 405 |

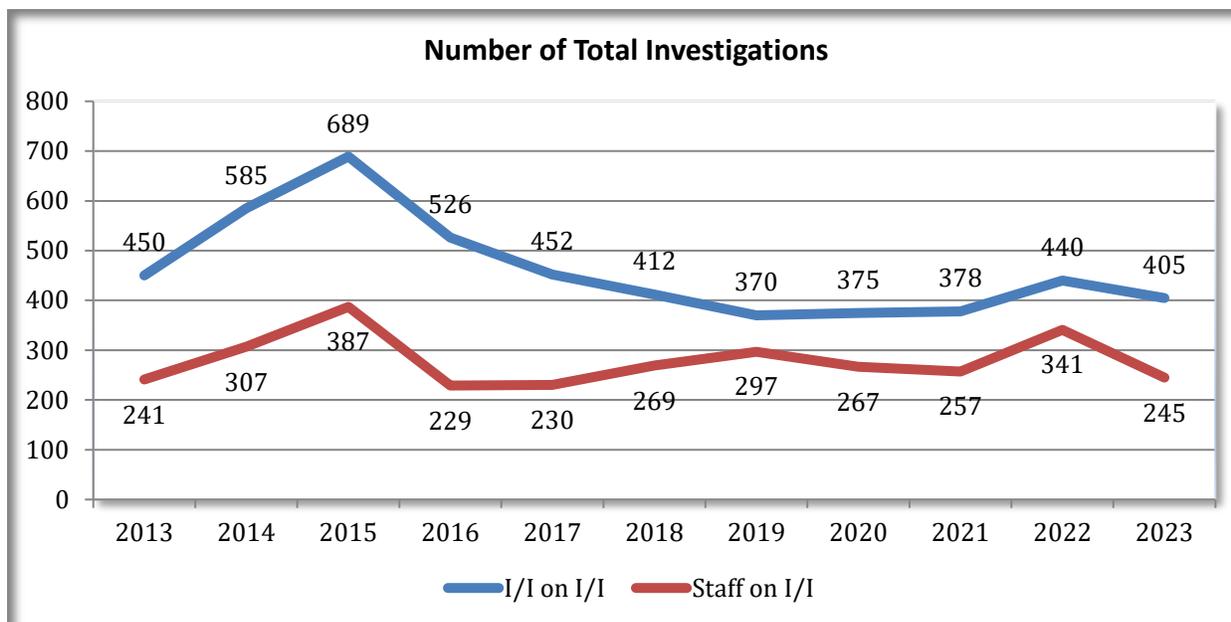
| Staff-on-I/I Investigations | Substantiated | Unsubstantiated | Unfounded | Open | Total |
|-----------------------------|---------------|-----------------|-----------|------|-------|
| SOM | 1 | 6 | 1 | 7 | 15 |
| SSH | 4 | 31 | 28 | 10 | 73 |
| SSM | 10 | 33 | 72 | 42 | 157 |
| TOTAL | 15 | 70 | 101 | 59 | 245 |

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The following is the breakdown of allegations by findings over the course of the last 10 years.

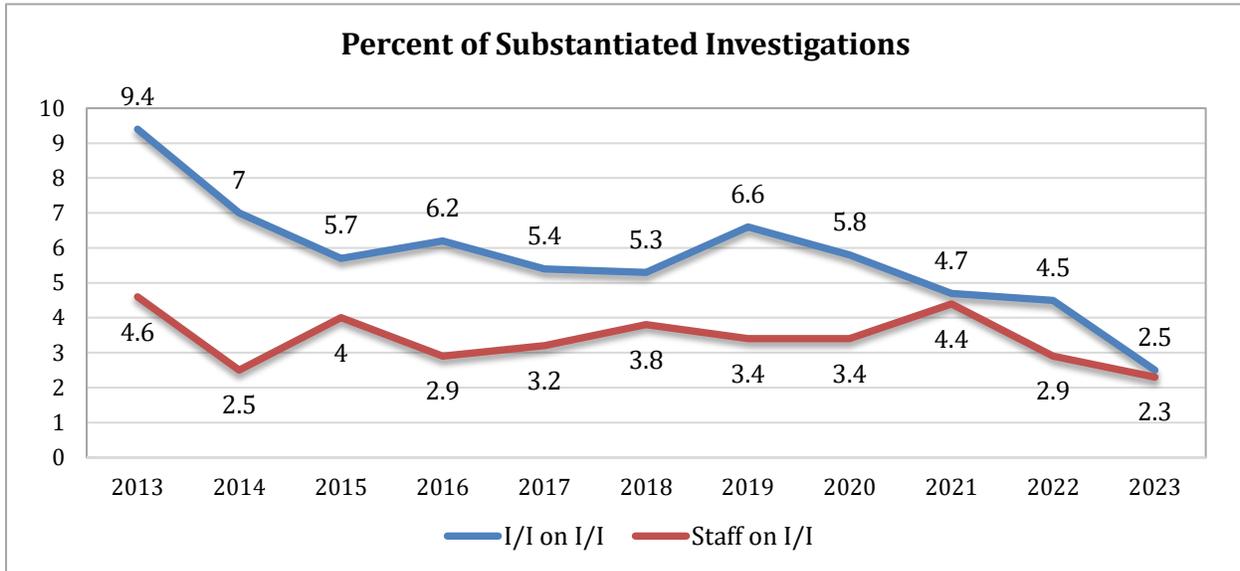
| Year | | | Unsubstantiated | | Unfounded | | Open | | TOTAL |
|--------------|------------|--------------|-----------------|--------------|-------------|--------------|------------|--------------|-------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | |
| 2013 | 65 | 32 | 199 | 49 | 186 | 160 | 0 | 0 | 691 |
| 2014 | 63 | 22 | 156 | 40 | 366 | 245 | 0 | 0 | 892 |
| 2015 | 61 | 43 | 258 | 71 | 370 | 273 | 0 | 0 | 1076 |
| 2016 | 47 | 22 | 248 | 41 | 231 | 166 | 0 | 0 | 755 |
| 2017 | 37 | 22 | 278 | 69 | 137 | 139 | 0 | 0 | 682 |
| 2018 | 36 | 26 | 220 | 52 | 156 | 191 | 0 | 0 | 681 |
| 2019 | 44 | 23 | 214 | 58 | 112 | 216 | 0 | 0 | 667 |
| 2020 | 37 | 22 | 263 | 98 | 76 | 147 | 0 | 0 | 643 |
| 2021 | 30 | 28 | 265 | 96 | 83 | 132 | 0 | 1 | 635 |
| 2022 | 35 | 23 | 295 | 104 | 110 | 205 | 0 | 9 | 781 |
| 2023 | 16 | 15 | 253 | 70 | 70 | 101 | 66 | 59 | 650 |
| TOTAL | 471 | 278 | 2649 | 748 | 1897 | 1975 | 66 | 69 | 8153 |

The following is the breakdown of the total number of investigations seperated by incarcerated and staff over the course of the last 10 years.

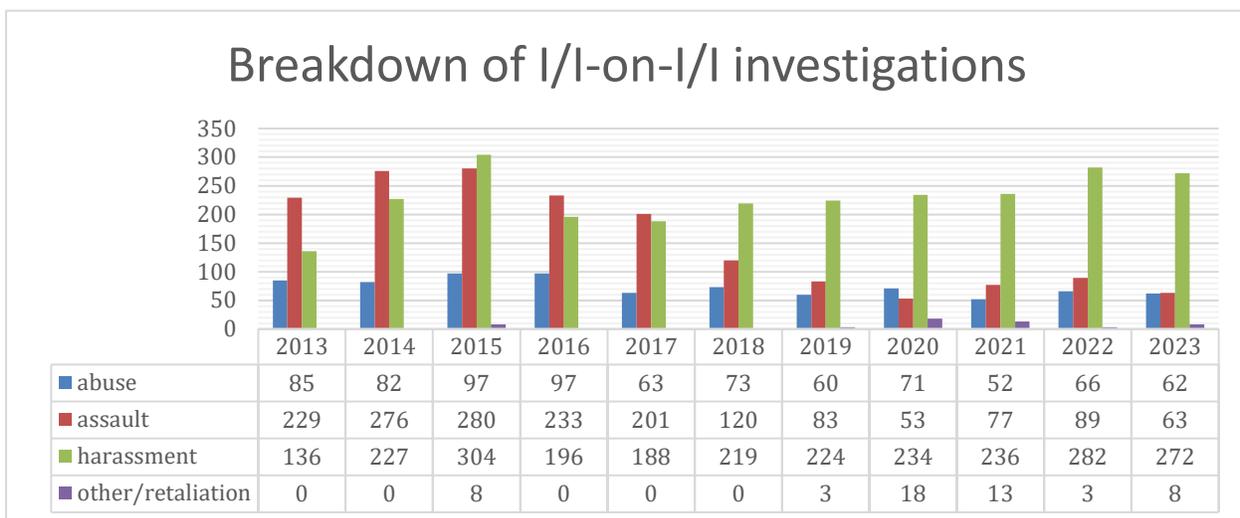


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The following is a breakdown of the percentage of substantiated investigations over the course of the last 10 years. Incarcerated on incarcerated allegations have gradually decreased over the last 10 years and was at the lowest in 2023. For staff on incarcerated allegations the average remains constant; however, WADOC has had the lowest substantiated investigations in 2023.

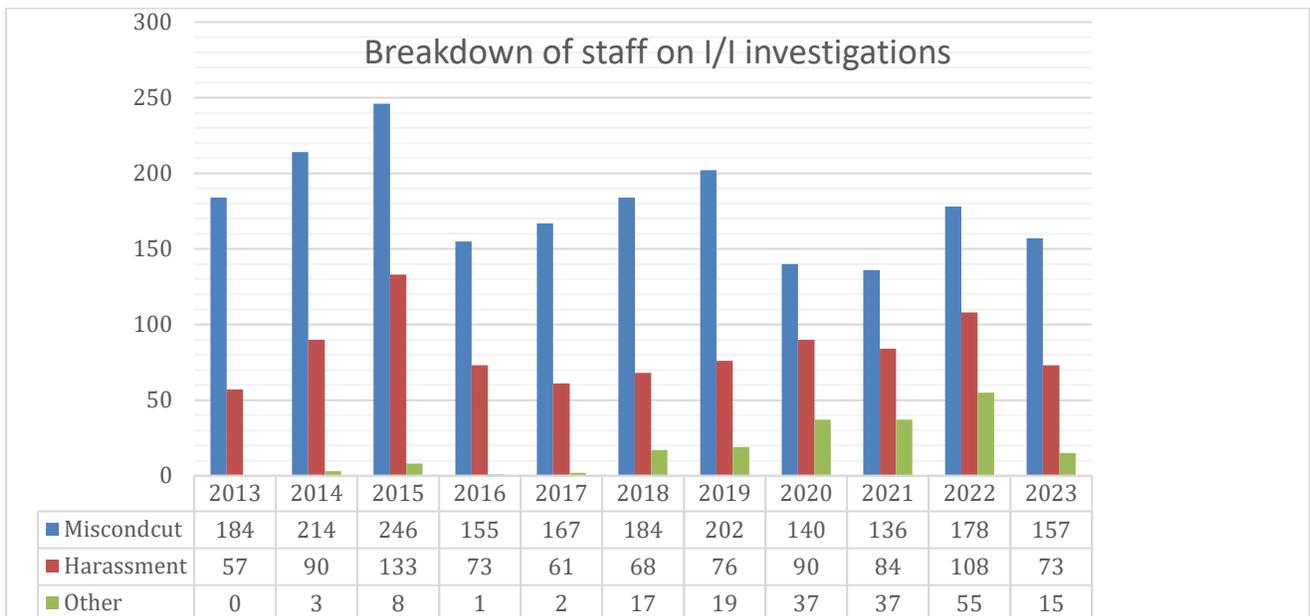


A breakdown of the 5,083 I/I-on-I/I investigations over the last 10 years by type of allegations illustrates that 808 (16%) were abuse, 1704 (33%) were assaults, 2518 (50%) were harassment, and 53 (1%) were other forms of related misconduct (e.g., retaliation).



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A breakdown of the 3,070 staff-on-incarcerated investigations over the last 10 years by type of allegations illustrates that 1,963 (64%) were sexual misconduct, 913 (30%) were sexual harassment, and 194 (6%) were other forms of other related misconduct (e.g., failure to report, retaliation, breach of confidentiality, policy violation etc.).



HOW ALLEGATIONS WERE REPORTED

Incarcerated individuals are provided with multiple avenues in which to report PREA allegations. The following is a breakdown of the ways in which allegations were received for the investigations conducted in 2023:

| Method by which Allegations were received which Resulted in Administrative PREA Investigations | Number |
|--|------------|
| Discovery | 27 |
| Email (public PREA mailbox, Ombudsman) | 10 |
| External Agency (county jail, another state agency) | 3 |
| External report entity (Colorado Department of Corrections) | 32 |
| Resolution | 74 |
| Hotline | 73 |
| Kiosk | 8 |
| Kite | 27 |
| Letter | 6 |
| Self-Report | 2 |
| Telephone call | 1 |
| Verbal report to staff (detail following) | 321 |
| Written statement | 66 |
| TOTAL | 650 |

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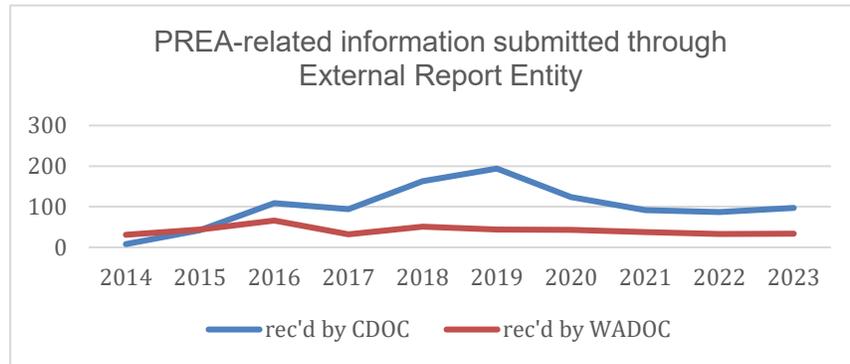
All staff members are mandated to accept and report allegations received, including those made verbally, in writing and by third parties. Verbal reports made to staff account for 49.3% of the total number of allegations received that resulted in an internal administrative investigation. The following table illustrates the position of the classification of the staff member receiving these verbal reports:

| Internal Investigation Allegation Verbally Reported to | Number |
|--|------------|
| Associate Superintendent | 1 |
| Classification Counselor | 62 |
| Community Corrections Officer | 4 |
| Correctional Industries Staff | 4 |
| Correctional Officer | 43 |
| Correctional Program Manager | 2 |
| Correctional Specialist | 10 |
| Correctional Unit Supervisor | 30 |
| Hearings Officer | 1 |
| Indeterminate Sentence Review Board | 1 |
| Investigator | 9 |
| Lieutenant | 39 |
| Medical Staff | 13 |
| Mental Health Staff | 24 |
| Sergeant | 73 |
| Sex Offender Treatment Specialist | 5 |
| TOTAL | 321 |

The largest number of verbal reports has been made to correctional sergeants, classification counselors, correctional officers, unit supervisors and correctional Lieutenants which is generally based on the type of interactions incarcerated individuals have with these staff members.

Standard 115.51 / 115.251 requires that incarcerated individuals be given the option to submit allegations of sexual abuse and sexual harassment to an entity external to and independent of the WADOC. The standard also requires that this information be received and immediately forwarded to a designated WADOC agency official for review and investigation as applicable. The WADOC has partnered with the Colorado Department of Corrections to serve as each other's unaffiliated entity. During 2023, WADOC received and forwarded 34 letters from Colorado's incarcerated individuals, while Colorado forwarded 97 letters back to WADOC.

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Incarcerated individuals also used available reporting methods to report allegations about jurisdictions outside of the WADOC:

| Method by which Allegations were received regarding other Jurisdictions | Number |
|---|-----------|
| Discovery | 2 |
| Email (PREA Coordinator, public PREA mailbox) | 4 |
| Hotline | 15 |
| Kiosk | 1 |
| Kite | 1 |
| Letter (to the PREA Coordinator) | 1 |
| Resolution | 1 |
| Verbal report to Staff (Classification Counselor, Community Corrections Officer, Correctional Officer, Correctional Unit Supervisor, Investigator, Lieutenant, Medical, Mental Health, Sergeant, and Sex Offender Treatment Specialist) | 53 |
| Written Statement | 1 |
| TOTAL | 79 |

LAW ENFORCEMENT REFERRALS

DOJ PREA standards require that whenever an allegation appears to be criminal, a referral is made to the appropriate entity with the authority to conduct a criminal investigation. Within the State of Washington, this is dependent on the location of the facility. If the facility is within city limits, the first referral is made to the local police department. If the facility is not within city limits, the first referral is made to the county sheriff. Facilities may also make referrals to the Washington State Patrol if referrals have been refused or declined at lower identified levels.

During the calendar year of 2023, a total of seventy-six (76) allegations / investigations were referred to law enforcement officials for possible criminal investigations. The results of those referrals are as follows:

| Results of Referral | Number |
|---|--------|
| Accepted by law enforcement for criminal investigation; further action pending | 24 |
| Accused criminally charged; final criminal disposition pending | 1 |
| Accepted by law enforcement officials for criminal investigation; prosecution declined, or no prosecutorial decision documented | 1 |

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| | |
|---|----|
| Criminal and administrative investigations will occur concurrently | 2 |
| Declined by law enforcement for criminal investigation | 39 |
| Law enforcement will review at conclusion of administrative investigation | 9 |

FORENSIC MEDICAL EXAMINATIONS

Agency policy requires that when an incarcerated individual alleges a sexual assault involving penetration or the exchange of bodily fluids to have occurred within the last 120 hours, the department must transport the incarcerated individual to a partnered community medical center for the completion of a forensic medical examination. These examinations are generally conducted by a specially trained Sexual Assault Nurse Examiner (SANE) or Sexual Assault Forensic Examiner (SAFE). During 2023, 14 incarcerated individuals were transported for forensic medical examinations, resulting in the initiation of 14 investigations. The results of those examinations are as follows:

| | | |
|--|--|---|
| Exam conducted | Administrative investigation closed as substantiated | 1 |
| | Administrative investigation closed as unsubstantiated | 4 |
| | Administrative investigation closed as unfounded | 1 |
| | Administrative investigation open and ongoing | 6 |
| Exam not conducted (e.g., inmate recanted, inmate refused, exam not indicated per SAFE/SANE) | | 2 |

CONTRACTED FACILITIES

PREA standard 115.12 / 115.212 requires that all contracts with other agencies or jurisdictions for the housing of incarcerated individuals include the requirement to be compliant with the standards and a provision for the monitoring of that compliance by the agency. Additionally, the standards require the receipt and review of data from every private facility with which the agency contracts for the confinement of its incarcerated individuals.

Currently WADOC contracts with the following public agencies:

- The Iowa Department of Corrections and the Minnesota Department of Corrections – Interstate compact agreements have been set in place, but both agreements were amended in 2015. An interstate compact agreement allows the WADOC to send individuals to or house individuals from the partnered agency on a day-for-day exchange basis. It is noted that the WADOC maintains compact agreements with numerous other state correctional agencies, but these have not been amended since the codification of PREA standards and therefore do not fall under the requirements of this provision.

The WADOC also contracts with American Behavior Health Systems (ABHS) as a private organization for the residential substance abuse treatment of individuals on community supervision. While in treatment, clients participate in multiple treatment-focused activities each day, consisting of didactic education, group and individual therapy, and recovery and living skills. ABHS operates three facilities, all of which have achieved 100% compliance with standards as demonstrated in certified audits. ABHS also provides the WADOC with its annual report and data

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relative to sexual abuse allegations and investigations. The following is a summary of that data:

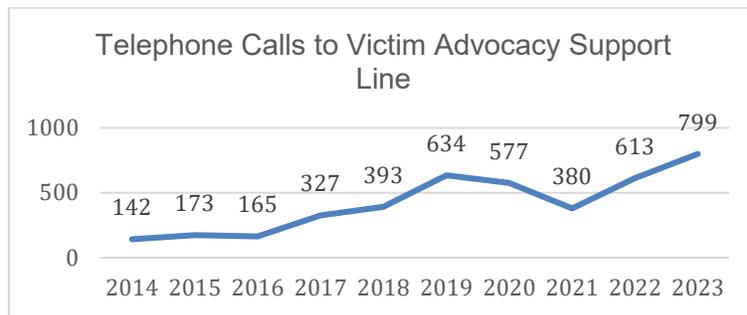
| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | TOTAL |
|------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|-------|
| | Client On Client | Staff On Client | |
| 2017 | 1 | 8 | 0 | 0 | 3 | 2 | 0 | 0 | 14 |
| 2018 | 3 | 7 | 3 | 4 | 0 | 0 | 0 | 0 | 17 |
| 2019 | 0 | 6 | 2 | 1 | 2 | 2 | 0 | 0 | 13 |
| 2020 | 0 | 3 | 2 | 1 | 1 | 2 | 0 | 0 | 9 |
| 2021 | 0 | 1 | 3 | 3 | 2 | 3 | 0 | 0 | 12 |
| 2022 | 0 | 3 | 2 | 2 | 0 | 1 | 1 | 0 | 9 |
| 2023 | 1 | 2 | 1 | 0 | 0 | 0 | 2 | 0 | 6 |

VICTIM ADVOCACY SERVICES

Through collaboration with the Department of Commerce Office of Crime Victims Advocacy (OCVA) and the Washington Coalition of Sexual Assault Programs (WCSAP), the WADOC has successfully continued to provide support services for incarcerated sexual assault survivors.



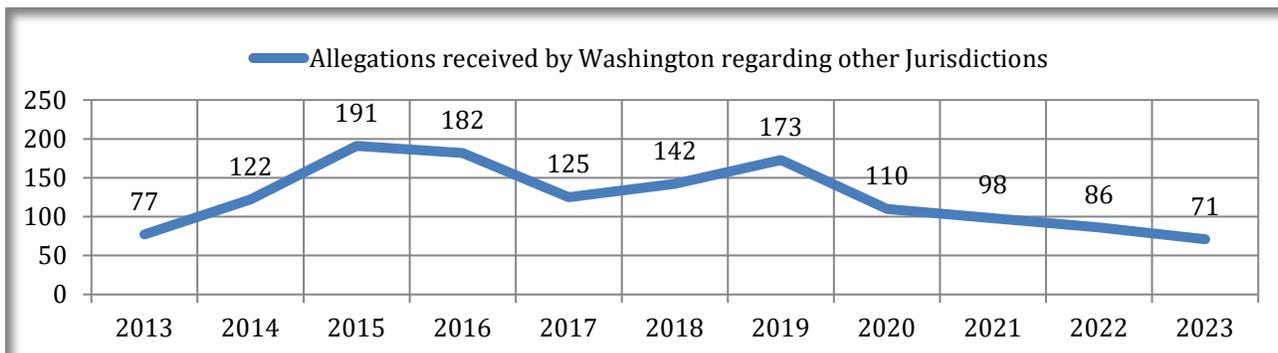
Established in 1990, OCVA serves the state by advocating on behalf of victims seeking services and resources, administering grant funds for community programs working with crime victims, assisting communities in planning, and implementing services for crime victims, and advising state and local government agencies of practices, policies, and priorities that impact crime victims.



There has been a steady rise in usage of advocacy services since the inception of noted services. It is anticipated the number of those requesting support services will continue to grow as incarcerated individuals further understand the support services available. In communication with advocates, incarcerated survivors of sexual assault have expressed how helpful and supportive these services have been as they attempt to find healing and develop coping skills to manage their experienced trauma.

ALLEGATIONS REGARDING OTHER JURISDICTIONS

Standards require that the agency immediately forward any allegations received regarding other applicable jurisdictions. This encourages continued collaboration between these agencies. During the calendar year of 2023, WADOC received and forwarded a total of 71 allegations about other jurisdictions.



2024 STRATEGIC PLANS/AGENCY ACTION PLANNING

Upon review of the incident data and the DOC PREA audits completed during 2023, the following Strategic Action Plan was developed for 2024 to address identified deficiencies and further incorporate PREA principles and standards into agency culture.

| Initiative | Key Actions | Accountability | Target Completion Date |
|--|--|--|---|
| Development of a plan for training and quality review to address deficiencies identified in investigation objectivity, thoroughness, and timeliness. These areas also include law enforcement referrals, required notifications, retaliation monitoring, investigation reports, and local review committees. | Review and implement recommendations from The MOSS Group after completion of the investigative analysis. | Director of PREA Services | Will be implemented in stages with targeted completion date in fiscal year of 2025. |
| | Develop refresher training for Appointing Authorities in collaboration with the findings from The MOSS Group GAP Analysis, identifying key areas of focus including preponderance of evidence and credibility assessments. | PREA Unit Corrections Specialist 4 | December 2024 |
| | Develop a quick reference “how to” manual for appointing authorities on how to make finding determinations. | | May 2024 - completed |
| The agency identified the need to update the general PREA training provided to all staff and the specialty training provided to the Appointing Authority. Revisions will be made to these training avenues to address the identified need. | Update current annual PREA Training for Community Corrections staff. | Director of PREA Services | July 2024 |
| | Work towards creating an in-person PREA Training in Correctional Worker Core for new employees and one hour in-person class in the Sergeants Academy. | Training and Development Unit | July 2025 |
| | Continue work with Washington Way on PREA Training and impacts regarding dynamic security. | Chief of Security Training and Development Administrator Director of PREA Services | |

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The agency will review and update all WADOC PREA Policies, and the corresponding definitions associated with sexual abuse and sexual harassment to ensure alignment with the DOJ PREA Standards.

Collaborate with the Policy Office on updates to the DOC PREA Policies.

Establish a task force of identified stakeholders to review current DOJ PREA standards, WADOC Policies and applicable definitions and provide recommendations for suggested updates.

Complete policy revisions and submit for stakeholder review.

Once completed, meet with each facility leadership team and investigators.

Director of PREA Services

Policy Office

March 2024 - Completed

May 2024 - Completed

The agency identified the need to develop an efficient way to track case data associated with sexual abuse and sexual harassment allegations.

The agency will be working on enhancements to the system to create one data source and ability to pull reports, particular for tracking and audit documentation purposes.

Collaborate with Information Technology on the identification of database software options.

Director of PREA Services

Ongoing

The agency was awarded the BJA FY 2023 JAG Grant to continue work with PREA implementation with focus on the investigation process.

Established a Correctional Specialist 4 position.

Utilize information provided in the GAP Analysis to establish procedures and sustainable practices to address the identified areas of improvement regarding PREA related investigations.

Work with Human Resources on the investigation process for staff sexual abuse or sexual harassment investigations.

Director of PREA Services

Corrections Specialist 4

Human Resources

January 2024 – Completed

October 1, 2024

July 1, 2024

The agency was awarded the *Bureau of Justice Assistance (BJA) FY 2022* grant to address meeting the needs of transgender, intersex, and non-binary individuals.

In collaboration with Just Detention International, develop transgender cultural awareness training to be provided to incarcerated transgender individuals who are considering transfer to a gender affirming facility.

Development of LGBTQI support groups in facilities.

Gender Responsive Services Team

July 1, 2024

Ongoing



AIRWAY HEIGHTS CORRECTIONS CENTER

Airway Heights Corrections Center (AHCC) is a medium and minimum-security adult male facility located six miles west of Spokane, WA. The facility broke ground in 1991 and was completed for occupancy in October of 1992. AHCC has approximately 814 employees consisting of Department of Corrections Staff and Contractors.

AHCC has the capacity to house 2,172 incarcerated individuals, 1,572 housed in the Main facility and 600 housed in the minimum-security unit (MSU) facility. The main facility is comprised of three medium security housing units that house approximately 262 individuals in each unit, three minimum security 3 (MI3) units that house approximately 264 individuals in each unit. The MSU has two living units that can house 300 individuals in each unit. AHCC has one secured housing unit that houses 64 individuals, and an infirmary that can house up to 21 incarcerated individuals. AHCC’s average daily population for 2023 was 1,952.

AHCC has set the standard for excellence in education, work, and treatment programs with the mission of improving public safety by positively changing lives. AHCC offers education and work opportunities to include Correctional Industries, Adult Basic Education skills, High School plus, Business Occupations Management, CNC-Machining, HVAC certificate, Carpentry, Pre-release Re-entry life skills and DNR facilitated wildfire academe. Treatment programs comprise Chemical Dependency outpatient, day treatment and inpatient within a therapeutic community model, Thinking for a Change and Sex Offense Treatment and Assessment. Sustainability programs include Computers for Kids, horticulture and ground keeping, Bee Keeping, vermiculture and the wood program with DNR to provide firewood to low-income families in the greater Spokane area.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 15 | 1 | 26 | 3 | 14 | 9 | 0 | 0 | 55 | 13 |
| 2014 | 12 | 0 | 27 | 2 | 30 | 17 | 0 | 0 | 69 | 19 |
| 2015 | 10 | 4 | 40 | 7 | 40 | 12 | 0 | 0 | 90 | 23 |
| 2016 | 1 | 1 | 38 | 4 | 10 | 4 | 0 | 0 | 49 | 9 |
| 2017 | 3 | 3 | 43 | 10 | 8 | 2 | 0 | 0 | 54 | 15 |
| 2018 | 2 | 0 | 37 | 4 | 8 | 8 | 0 | 0 | 47 | 12 |
| 2019 | 5 | 1 | 29 | 4 | 11 | 12 | 0 | 0 | 45 | 17 |
| 2020 | 1 | 0 | 26 | 10 | 9 | 5 | 3 | 0 | 39 | 15 |
| 2021 | 1 | 0 | 34 | 1 | 11 | 4 | 9 | 8 | 56 | 13 |
| 2022 | 0 | 0 | 26 | 15 | 1 | 2 | 28 | 15 | 55 | 32 |
| 2023 | 3 | 0 | 38 | 8 | 12 | 18 | 5 | 0 | 58 | 26 |

Accomplishments for 2023 / Assessment of Facility Progress:

- AHCC improved the percentages of timely completion with PREA initial and follow-up risk assessments.
- Return of the victim advocates onsite training and familiarization with the facility.
- Investigation efficiency increased with timely completion rates.
- Increasing consistent response to PREA allegations.

Identified Gaps and Associated Action Plans:

- Increasing investigators through identification and attendance in administrative investigative training.
 - Seek volunteers and new staff qualified to attend Administrative Investigation Training.
- Issues with gender announcement bells not working consistently throughout the facility.
 - Work with AHCC electronics technician and unit supervisors to update the gender announcement in each unit.
- Complete the identified action plan items from the 2023 Audit.
 - Complete local reviews within 30 days of Investigation finding.
 - Retaliation monitoring to be reviewed monthly by Appointing Authority.

Critical Objectives for 2024:

- Training of new staff on PREA polices and utilization to maintain compliance with DOJ PREA standards.
- AHCC to complete all corrective action items from the 2023 PREA audit.
- Gender Responsive Service team to complete training with all staff regarding DRW Settlement Requirements.
- Sustain efficiency with timely investigation completion.
- AHCC is moving ahead with Amend (Washington way) by implementing the principles of dynamic security while maintaining operations within the boundaries of PREA standards, training, and policies.
- DNR has a new building and when occupied will confirm compliance with PREA standards and policy.
- AHCC is in the process of receiving a new medical building and when completed will maintain compliance with DOJ standards and PREA policy requirements.
- AHCC is in the process of reconstructing a living unit at the Minimum-Security facility to accommodate the Sage unit transfer of population from CRCC. Compliance to meet standards and policy will be a priority.



CEDAR CREEK CORRECTIONS CENTER

Cedar Creek Corrections Center (CCCC) is a minimum-security adult male facility located in the Capitol State Forest. The facility was opened in 1954. CCCC has approximately 150 employees including Department of Corrections Staff and Contractors.

CCCC has the capacity to house 490 incarcerated individuals, all individuals are housed between the two minimum units (Olympic and Cascade). A small eight bed Secured Housing Unit (SHU) is attached to Cascade. Each unit can hold approximately 240 incarcerated individuals. CCCC’s average daily population for 2023 was 385.

Cedar Creek Corrections Center has a strong relationship with community partners (local schools, businesses, and churches) whom they collaborate on several community projects each year. CCCC offers several educational and work opportunities for incarcerated individuals to include Construction Trades Apprenticeship Programs (CTAP), Horticulture, Building Maintenance, Turtle Technicians and Aquaponics. Employment opportunities include, Maintenance, Grounds Keeper, Dog Service Handler, Beekeeping, Forestry 1 and 2, and Community Work Crews. For the year 2023, there were approximately 1,300 incarcerated individuals that participated in educational and work programming while housed at CCCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 1 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 3 | 1 |
| 2014 | 1 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 4 | 1 |
| 2015 | 1 | 1 | 0 | 1 | 9 | 1 | 0 | 0 | 10 | 3 |
| 2016 | 0 | 0 | 0 | 1 | 4 | 0 | 0 | 0 | 4 | 1 |
| 2017 | 1 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| 2018 | 0 | 1 | 1 | 3 | 8 | 10 | 0 | 0 | 9 | 14 |
| 2019 | 2 | 3 | 5 | 0 | 0 | 8 | 0 | 0 | 7 | 11 |
| 2020 | 0 | 0 | 2 | 1 | 0 | 1 | 0 | 0 | 2 | 2 |
| 2021 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 3 |
| 2022 | 0 | 0 | 4 | 2 | 1 | 2 | 0 | 0 | 5 | 5 |
| 2023 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 1 | 0 | 3 |

Accomplishments for 2023 / Assessment of Facility Progress:

- CCCC hired a Permanent Corrections Specialist 3 PREA Compliance Specialist. This will allow for a single dedicated staff to manage PREA performance standards for year-round compliance. During this time, PREA screenings continuously remains at 100%; housing assignments, and physical plant modifications were made in accordance with PREA standards. Staff continued to apply their training in awareness, reporting, and screening.

Identified Gaps and Associated Action Plans:

- CCCC did not identify any significant gaps during this time and were able to develop sustainable processes to address minor gaps.

Critical Objectives for 2024:

- Continue to increase training with staff involvement in the preparation for upcoming audits and documentation gathering. Staff involvement in oversight of logbooks for unannounced rounds will continue. Other staff, with knowledge and access of Strip Search Logs, will be identified as the year progresses. Monitor and ensure Staff complete PREA Online training as required.
- Continue maintenance of all PREA audit folders – the PREA Compliance Specialist will ensure organization of all PREA folders to ensure compliance of documentation with PREA standards and agency policy.
- Continue to build sustainable processes.



CLALLAM BAY CORRECTIONS CENTER

Clallam Bay Corrections Center (CBCC) is a maximum, close and medium-security adult male facility located on the Olympic Peninsula in Clallam County, two miles south of Clallam Bay WA. CBCC opened as a medium-custody 450-bed facility in 1985 and was converted to a Closed Custody facility in 1991. In 1992, it expanded to house an additional 400 medium custody incarcerated individuals. CBCC has 322 employees including Department of Corrections Staff and Contractors.

CBCC has the capacity to house 900 incarcerated individuals, 380 beds in medium (MSC) housing, 396 housed in close custody and 124 beds in maximum (RHU). The main facility is divided into living and support areas with secure exterior walls at each separate building junction. The close and maximum custody living units link together in a semi-circle around an interior courtyard. The Medium Security Complex is located outside the close custody facility's secure courtyard. It consists of four, 100-person housing units on two separate floors. CBCC's average daily population is currently 392.

One of the main characteristics that sets CBCC apart is the Intensive Transition Program (ITP) currently only offered at CBCC which was implemented in 2006. The goal of the Intensive Transition Program (ITP) is to provide the information and skill development to facilitate positive change within a supportive environment. The pace of ITP is oriented towards giving individuals the time to develop social skills to successfully live in general population and promote through the custody levels. CBCC also offers several educational and work opportunities for incarcerated individuals. For the year 2022, there were 1,278 incarcerated individuals that participated in educational and work programming while housed at CBCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 5 | 0 | 9 | 3 | 9 | 13 | 0 | 0 | 23 | 16 |
| 2014 | 9 | 0 | 1 | 0 | 28 | 9 | 0 | 0 | 38 | 9 |
| 2015 | 5 | 2 | 34 | 0 | 27 | 25 | 0 | 0 | 66 | 27 |
| 2016 | 0 | 0 | 14 | 0 | 6 | 7 | 0 | 0 | 20 | 7 |
| 2017 | 1 | 1 | 11 | 4 | 4 | 5 | 0 | 0 | 16 | 10 |
| 2018 | 2 | 1 | 4 | 0 | 17 | 18 | 0 | 0 | 23 | 19 |
| 2019 | 0 | 0 | 4 | 1 | 9 | 2 | 0 | 0 | 13 | 3 |
| 2020 | 1 | 1 | 7 | 1 | 3 | 5 | 0 | 0 | 11 | 7 |
| 2021 | 1 | 4 | 5 | 6 | 3 | 18 | 0 | 0 | 9 | 28 |
| 2022 | 0 | 0 | 7 | 4 | 0 | 2 | 1 | 2 | 8 | 6 |
| 2023 | 2 | 1 | 5 | 1 | 1 | 5 | 4 | 2 | 12 | 9 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Access to the back of dryer machines has been closed off to prevent access.
- PREA Audit Complete 1 statewide level CAP item identified but has since been corrected.
- Opened the Program Activities Center operating a Construction Trades Apprenticeship Program (CTAP) and Licensed Trades Apprenticeship Program (LTAP) in conjunction with Peninsula College in the old Correctional Industries area.

Identified Gaps and Associated Action Plans:

- Due to continued hiring efforts, CBCC has a significant number of new staff. Working with supervisors and COFTP Mentors and Leads to ensure adequate knowledge of PREA information.
- Continued work on Processes for Transgender/Non-binary/Intersex individuals.

Critical Objectives for 2024:

- Continue to educate staff on standards and requirements through routine area walkthroughs and compliance checks.
- Work with all stakeholders to ensure compliance with housing protocol reviews.



COYOTE RIDGE CORRECTIONS CENTER

Coyote Ridge Corrections Center (CRCC) is an adult male medium and minimum-security facility located in Connell, WA. The facility was opened in 1992 as a minimum custody facility. In 2008, CRCC expanded by opening a 2,048-bed medium security complex. CRCC is the first facility to be awarded the LEED Gold certification to the entire campus. The largest LEED Gold Certification ever completed by the State of Washington. The facility employs over 700 staff with 450 contract staff and volunteers who support and mentor the facility’s population.

CRCC currently has the operational capacity of 2,147 at Medium Security Complex (MSC) and 483 at the Minimum-Security Unit (MSU) for a total of 2,630. In December 2023, one 256 bed minimum (MI3) custody living unit was reopened. CRCC’s housing units include four medium custody units, four long term minimum custody (MI3) living units, two minimum custody (MI2) living units and a 100 beds segregation. Additionally, CRCC-MSU Sage unit houses ambulatory individuals (assisted living/nursing). CRCC’s average daily population for 2023 was 2,018.

CRCC is a work and program facility that offers education, vocational and self-help programs. Walla Walla Community College provides a general education or High School+ diploma as well as a one-year state vocational certification in carpentry, bookkeeping, digital design, welding, auto repair or HVAC, an Associate of Applied Science in Human and Social Services, Business, Welding, and HVAC. Additional programming opportunities include a dog training program, Thinking for A Change, and Substance Abuse Treatment. This facility also offers Class II, III and IV Correctional Industries work and off-site crews that work in the local communities. During 2023, there were 6,970 incarcerated individuals that participated in programming and work opportunities while housed at CRCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 0 | 1 | 17 | 2 | 5 | 4 | 0 | 0 | 22 | 7 |
| 2014 | 0 | 0 | 25 | 0 | 30 | 19 | 0 | 0 | 55 | 19 |
| 2015 | 2 | 2 | 20 | 1 | 32 | 14 | 0 | 0 | 54 | 17 |
| 2016 | 1 | 0 | 12 | 0 | 40 | 15 | 0 | 0 | 53 | 15 |
| 2017 | 0 | 1 | 12 | 3 | 25 | 7 | 0 | 0 | 37 | 11 |
| 2018 | 4 | 3 | 18 | 0 | 19 | 8 | 0 | 0 | 41 | 11 |
| 2019 | 1 | 0 | 25 | 2 | 7 | 7 | 0 | 0 | 33 | 9 |
| 2020 | 0 | 1 | 16 | 3 | 6 | 8 | 0 | 0 | 22 | 12 |
| 2021 | 2 | 1 | 18 | 0 | 7 | 5 | 0 | 1 | 27 | 9 |
| 2022 | 0 | 2 | 22 | 1 | 12 | 15 | 4 | 2 | 38 | 20 |
| 2023 | 2 | 1 | 34 | 4 | 6 | 4 | 1 | 2 | 43 | 11 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Implemented a weekly PREA meeting with the CRCC PREA Department and Appointing Authorities to ensure investigations are completed in a timely manner and to address local issues.
- Upgraded existing shower stalls to allow for more privacy to individuals who are transgender, intersex, and/or non-binary.
- Appointing Authorities and PREA Department held meeting with local law enforcement and victim advocates on 9/25/2023 which assists collaborative work with local agencies regarding PREA matters.
- Completed a facility wide camera upgrade to enhance our electronic surveillance of the facility that can assist in the facilities ability to protect incarcerated individuals from sexual abuse.
- Provided training to 16 staff members to assist the facility in having adequate staff to complete and monitor sexual abuse or sexual harassment investigations.
- Conducted an investigation refresher course to provide active administrative investigators with up-to-date information since their original training.
- Completed risk assessments on time to ensure the completion of PRAs are within DOJ/Policy timeframes.
- CRCC continues to hold group settings for orientation, which covers essential education around sexual abuse and sexual harassment.
- PREA Department sends out quarterly information to the incarcerated population regarding PREA information and information on Transgender/Intersex/Non-binary processes to ensure essential information is continuously dispersed.

Identified Gaps and Associated Action Plans:

- Gaps were identified that indicated not all CRCC staff completed annual training for PREA in fiscal year 2023. Access to training reports have been provided to the PREA Compliance Specialist and will be monitored closely to ensure all staff complete annual PREA training.

Critical Objectives for 2024 include:

- Upload all PREA required documents for Volunteers, Contract Staff, and Vendors into statewide database.
- Ensure background checks have been completed for all non-custody staff that have not received one in the last five years.
- Successfully pass CRCC's 2024 DOJ PREA Audit and complete any corrective actions plans identified by the audit.
- Review and revise CRCC PREA Operational Memorandums to ensure any deficiencies are eliminated and add clarifying language to enhance our PREA prevention and response.
- Implement Sexual Abuse and Sexual Harassment training into CRCC's annual in-person in-service training.



MISSION CREEK CORRECTIONS CENTER for WOMEN

Mission Creek Corrections Center for Women (MCCCW) is in a remote area south of Bremerton, Washington, four miles outside of Belfair city limits, and has been open since 2005. MCCCW is a minimum-security facility. MCCCW employs approximately 135 Department of Corrections staff and contractors and has approximately 55 active volunteers.

MCCCW has the capacity to house 240 incarcerated individuals between the two minimum units. The Bear Unit houses 112 and the Gold Unit houses 128. They also have a four bed Security Housing Unit (SHU). MCCCW’s average daily population in 2023 was 124.

MCCCW is dedicated to easing the transition for women from higher custody settings to either a Work Release program or direct release to the community. MCCCW offers several educational and work opportunities for incarcerated individuals, as well as Chemical Dependency Treatment. Educational opportunities include Community Service Crews, Trades Related Apprenticeship Coaching (TRAC), Aerospace Joint Apprenticeship Committee (AJAC), Horticulture, and Butterfly Rearing. Employment opportunities include Bee Conversation Technician, Butterfly Rearing Technician, Cat Handler Program, Community Service Crews, Janitorial, Clerks, and Maintenance Crew. In 2023, there were 935 incarcerated individuals that participated in educational and/or work opportunities while housed at MCCCW.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 3 | 0 | 3 | 0 | 1 | 4 | 0 | 0 | 7 | 4 |
| 2014 | 2 | 1 | 0 | 2 | 5 | 7 | 0 | 0 | 7 | 10 |
| 2015 | 3 | 2 | 8 | 2 | 2 | 7 | 0 | 0 | 13 | 11 |
| 2016 | 2 | 1 | 4 | 2 | 4 | 3 | 0 | 0 | 10 | 6 |
| 2017 | 3 | 0 | 2 | 0 | 1 | 7 | 0 | 0 | 6 | 7 |
| 2018 | 2 | 0 | 6 | 0 | 2 | 0 | 0 | 0 | 10 | 0 |
| 2019 | 3 | 1 | 6 | 0 | 1 | 6 | 0 | 0 | 10 | 7 |
| 2020 | 1 | 1 | 3 | 0 | 0 | 2 | 0 | 0 | 4 | 3 |
| 2021 | 0 | 0 | 7 | 1 | 0 | 3 | 0 | 0 | 7 | 4 |
| 2022 | 3 | 0 | 2 | 0 | 4 | 3 | 0 | 0 | 9 | 3 |
| 2023 | 0 | 0 | 1 | 1 | 1 | 1 | 0 | 1 | 2 | 3 |

Accomplishments for 2023/ Assessment of Facility Progress:

- All staff PREA training was completed for the Fiscal Year of 2023 prior to June 14, 2023.
- MCCCW began sending PREA Reminders via kiosk to the population advising of options for reporting.
- PREA Specialist conducts PREA Orientation at intake; advising of ways to report and allowing individuals to be familiar with who is in that position.
- PREA Specialist attends Quarterly Sergeant's meetings to ensure PREA Standards are being met.

Identified Gaps and Associated Action Plans:

- Ongoing training for staff on PREA reporting processes. With new staff, this will be a continuing process each year.
- Re-training or refresher training for the PREA investigators that were trained over five years in the past. Currently have three that need refresher training.
- PREA Audit times have given the staff anxiety regarding interviews, a self-audit will be completed to include interviewing staff of MCCCW.

Critical Objectives for 2024:

- Continue to increase staff involvement in the preparation of audits and documentation gathering.
- Continue to build sustainable processes.
- Continue to create a process that allows PREA Specialists to receive all information needed for new staff, volunteers, contractors at Mission Creek in a timely manner.



MONROE CORRECTIONAL COMPLEX

Monroe Correctional Complex (MCC) also known as the Washington State Reformatory, is an adult male multi-custody level facility. It was opened in 1908 and marked a fundamental shift in corrections in Washington State at the time. Expansions started in 1910 with the construction of the administrative building and cell house one. From 1981 to 2007, four more buildings were added to better provide treatment and offer different custody levels. MCC has approximately 1,000 employees, consisting of Department of Corrections Staff and Contractors.

MCC has an operational capacity of 1,700 incarcerated individuals and is comprised of five facilities. The Washington State Reformatory Unit (WSRU) housing medium and minimum custody, Special Offenders Unit (SOU) housing all custody levels, Twin Rivers Unit (TRU) housing medium and minimum custody, Minimum-Security Unit (MSU) housing minimum custody, and an Intensive Management Unit (IMU) housing maximum custody. MCC’s average daily population for 2023 was 1,508.

The complex provides three major services; housing and treatment for acutely mentally ill incarcerated individuals; housing and treatment for sex offenders; and primary referral and treatment center for complex health-related issues. Work and programming opportunities include education, work programs through Correctional Industries, sex offender treatment and assessment, food service, maintenance, personnel, recreation, volunteer services, religious services, library services, visiting and extended family visiting. In 2023, there were 6,401 incarcerated individuals that participated in programming and work opportunities while housed at MCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 17 | 11 | 72 | 1 | 37 | 31 | 0 | 0 | 126 | 43 |
| 2014 | 15 | 1 | 32 | 5 | 89 | 41 | 0 | 0 | 136 | 47 |
| 2015 | 14 | 7 | 63 | 6 | 81 | 56 | 0 | 0 | 158 | 69 |
| 2016 | 17 | 1 | 78 | 3 | 34 | 25 | 0 | 0 | 129 | 29 |
| 2017 | 9 | 2 | 72 | 2 | 30 | 20 | 0 | 0 | 111 | 24 |
| 2018 | 9 | 1 | 46 | 1 | 38 | 32 | 0 | 0 | 93 | 34 |
| 2019 | 10 | 2 | 35 | 6 | 36 | 61 | 0 | 0 | 81 | 69 |
| 2020 | 5 | 5 | 36 | 17 | 27 | 37 | 1 | 0 | 69 | 59 |
| 2021 | 8 | 5 | 41 | 26 | 26 | 27 | 29 | 16 | 104 | 74 |
| 2022 | 10 | 2 | 55 | 15 | 20 | 12 | 21 | 18 | 106 | 47 |
| 2023 | 3 | 2 | 70 | 18 | 24 | 23 | 17 | 13 | 114 | 56 |

Accomplishments for 2023 / Assessment of Facility Progress:

- New cameras have been installed and noted replacements throughout MCC.
- Policy 490.700 Transgender, Intersex, and/or Gender Non-Conforming Housing and Supervision, allows incarcerated individuals (I/I) to use their preference of a pronoun that fits their gender. Since publication, it appears that this has raised the number of staff to incarcerated individuals PREA investigations. MCC is ensuring that staff review this policy and use proper pronouns or just the individual's last name.
- All Vulnerability Assessments were completed for 2023.
- MCC has made significant progress on tracking and timely completion of investigations. MCC has also trained several additional investigators to assist with this endeavor.
- Created a shared email address to encourage communication with staff so there is one access point to send all PREA related emails. This is a more sustainable process, so information is not locked in only one person's email account.
- Implemented a process for the mental health referrals to ensure they are notified of the need to meet with an individual.
- New tracking process for Retaliation Monitoring was established and is working well.
- Established a tracking process for hiring packets (HR), training packets (training), volunteers (CPP), and NCIC background checks (records).
- Process was established to ensure compliance with Housing Protocols for Transgender Individuals.
- Realigned duties and responsibilities in the MCC PREA Office to meet the DOJ Standard Requirements.

Identified Gaps and Associated Action Plans:

- Focus on investigation, to ensure timely completion.
- Continue ongoing communication with Mental Health Staff to ensure timelines are met for follow-up appointments.
- Establish processes to ensure volunteers and contractors are identified timely.
- Streamline monitoring of training records.
- Streamline processes for monitoring, hiring, resignations, terminations, and retirements.

Critical Objectives for 2024:

- Based on the 2022 DOJ PREA Audit, the following areas continue to be of focus for MCC: Retaliation Monitoring, PREA Risk Assessments, PREA Education (Orientation) and management walk arounds. Our goal is to provide PREA knowledge throughout MCC ensuring the cultural elements of PREA is everyone's responsibility. Doing this will maintain a safe and healthy work environment for staff and incarcerated individuals.
- MCC will continue to work on establishing and/or monitoring processes to enhance the accountability and documentation of the PREA Standards.
- MCC will strive to provide additional training opportunities to staff and the incarcerated individuals on PREA processes and Standards.
- MCC will continue to make PREA standards and procedures a priority by continuation of self-audits to improve compliance with PREA risk assessment requirements with a goal of 100% for all intake and follow-up assessments. Staff awareness appears to have improved due to these self-audits.



OLYMPIC CORRECTIONS CENTER

Olympic Corrections Center is an adult male minimum custody facility located on the Olympic Peninsula approximately 27 miles south of Forks, WA and 75 miles north of Hoquiam, WA. OCC opened in 1968 and operated one living unit, the Clearwater Unit. In 1981 the Ozette Unit was opened and then in 1991 the Hoh Unit was opened. In August of 2021, the facility closed the Clearwater Living Unit.

OCC has the operational capacity of 271. Ozette living unit houses 139 individuals and the Hoh living unit houses 132 individuals. They also maintain a 28-bed secured housing unit. OCC's average daily population in 2023 was 210 incarcerated individuals.

Both of OCC's separate living units provide a pathway to reentry through areas of specialized focus. The Hoh Unit is the transition unit for the population, providing a beginning point for orientation, as well as serving as the unit that primarily houses the Department of Natural Resources (DNR). The Ozette Unit addresses chemical dependency needs and is the Therapeutic Community unit in addition to housing the Community Service Crew population that aids local communities as well as providing support to local EMS in locating and manually transporting injured outdoor activity enthusiasts. In 2023, there were 899 incarcerated individuals that participated in educational and/or work opportunities while housed at OCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 1 | 1 | 5 | 1 | 0 | 4 | 0 | 0 | 6 | 6 |
| 2014 | 3 | 1 | 2 | 2 | 10 | 3 | 0 | 0 | 15 | 6 |
| 2015 | 2 | 1 | 2 | 0 | 9 | 8 | 0 | 0 | 13 | 9 |
| 2016 | 1 | 0 | 2 | 0 | 2 | 3 | 0 | 0 | 5 | 3 |
| 2017 | 0 | 1 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 2 |
| 2018 | 2 | 1 | 1 | 1 | 2 | 2 | 0 | 0 | 5 | 4 |
| 2019 | 0 | 3 | 0 | 0 | 2 | 0 | 0 | 0 | 2 | 3 |
| 2020 | 0 | 0 | 3 | 0 | 0 | 2 | 0 | 0 | 3 | 2 |
| 2021 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2022 | 1 | 1 | 1 | 1 | 0 | 4 | 0 | 0 | 2 | 6 |
| 2023 | 0 | 0 | 3 | 0 | 1 | 1 | 0 | 2 | 4 | 3 |

Accomplishments for 2023 / Assessment of Facility Progress:

- OCC hired a full-time permanent Corrections Specialist 3-PREA Compliance Specialist. This was particularly important as OCC underwent a DOJ PREA Audit in September of 2023. A PREA Audit that OCC passed with only one CAP item that has since been addressed and closed.
- OCC used 2023 to build a strong foundation, updating staff on PREA Response-related training for all line staff as well as many of the support staff. Training consisted of tabletops and practical exercises to ensure that OCC's staff felt confident and comfortable with their responsibilities as PREA-First Responders.
- OCC maintained a comprehensive tracking mechanism to ensure all 72-Hour and 21–30-day follow-ups were completed per policy directed timeframes.
- PREA investigations were completed timely and thoroughly.
- OCC continued fostering an outstanding working relationship with their local law enforcement partners in the Jefferson County Sheriff's Department.
- OCC established the "OCC PREA Response Plan" that migrated many processes that once were only completed using hardcopy documents to a digital platform designed and developed by the OCC PREA Office. This new digital platform has enabled a greener, and more efficient mechanism for tracking all necessary PREA data and documentation at the facility level, all while dramatically decreasing the number of printed copies required to complete the same tasks.
- OCC continued participating in Rolling Audits to address any drift as well as identifying and sharing best practices whenever able.
- OCC added two "Essential Security Position"(s) to offset overtime fatigue and provide more visible staff presence in programming areas.

Identified Gaps and Associated Action Plans:

- In the beginning of 2023, OCC resumed in-person meetings with our local Victim Advocates from the Mariposa house; a practice that had been discontinued as a result of the global Covid-19 pandemic. Face-to-face meetings were conducted at the local "Mariposa House" as well as at the facility. As a result of these meetings, OCC's local victim advocates agreed to cooperating with OCC's PREA Office to develop realistic drills that will be administered at the facility that will enable OCC staff to obtain real-life, scenario-based training in responding to Aggravated Sexual Assault. OCC's strong ongoing relationship with the Mariposa House continues to serve as the foundational support of OCC's response to sexual assault and aggravated sexual assault, providing victims with the best and most humane care possible.

Critical Objectives for 2024:

- OCC continues to work on expanding policy-based training for PREA-First Responders to include Aggravated Sexual Assault Crime Scene Preservation & Evidence Collection.
- OCC will continue engaging in effective staff training regarding general PREA processes and policies by utilizing the PREA Specialist in facility walkarounds and Place Safety Musters, ensuring facility staff have a visible and convenient resource to provide any PREA-related information necessary.
- OCC will continue to update and fine-tune their digital document tracking platform.
- OCC continues to strive towards managing consistent expectations and processes as identified by the Moss Group's review of PREA Investigations.



STAFFORD CREEK CORRECTIONS CENTER

Stafford Creek Corrections Center (SCCC) is an adult male facility located on 210 acres in Aberdeen, WA. SCCC has continuously operated since 2000. SCCC has approximately 448 employees, including Department of Corrections staff and contractors.

SCCC has the capacity to house 1,926 incarcerated individuals. SCCC is comprised of six minimum custody security units that house approximately 272 incarcerated individuals in each unit. SCCC has one medium custody unit housing approximately 272 incarcerated individuals. Additionally, SCCC has a maximum security IMU and Transfer Pod that can house up to 72 incarcerated individuals. SCCC also has an infirmary that can house up to 24 incarcerated individuals if necessary. SCCC’s average daily population in 2023 was 1,869.

SCCC prides itself in its sustainability projects incorporated within their prison culture. SCCC has partnered with Evergreen State College and provides various educational opportunities through programs such as Beekeeping, Bicycle and Wheelchair Repair, T4C, and Service Dogs for Veterans programs. SCCC also provides researched based programming through Substance Abuse Treatment, Stress Anger Management, and Education Re-entry Life Skills focused on preparing for successful release. SCCC Educational and Employment opportunities include Basic Skills, College Courses, Metal Shop, numerous Correctional Industries opportunities, and educational courses leading to an Associate’s of Arts or bachelor’s degree. In 2023, there were 3,018 incarcerated individuals that participated in educational and/or work programming while housed at SCCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 4 | 0 | 10 | 1 | 23 | 13 | 0 | 0 | 37 | 14 |
| 2014 | 3 | 3 | 1 | 0 | 41 | 32 | 0 | 0 | 45 | 35 |
| 2015 | 2 | 4 | 4 | 2 | 38 | 17 | 0 | 0 | 44 | 23 |
| 2016 | 3 | 2 | 12 | 2 | 32 | 20 | 0 | 0 | 47 | 24 |
| 2017 | 7 | 1 | 39 | 8 | 16 | 9 | 0 | 0 | 62 | 18 |
| 2018 | 1 | 3 | 36 | 6 | 11 | 7 | 0 | 0 | 48 | 16 |
| 2019 | 9 | 1 | 28 | 7 | 5 | 19 | 0 | 0 | 42 | 27 |
| 2020 | 4 | 3 | 38 | 14 | 5 | 9 | 0 | 0 | 47 | 26 |
| 2021 | 1 | 1 | 27 | 3 | 2 | 5 | 4 | 3 | 34 | 12 |
| 2022 | 3 | 0 | 11 | 5 | 2 | 15 | 31 | 14 | 47 | 34 |
| 2023 | 2 | 2 | 42 | 19 | 6 | 6 | 4 | 2 | 54 | 29 |

Accomplishments for 2023 / Assessment of Facility Progress:

- SCCC successfully completed the PREA Audit Corrective Action Plan (CAP) before the due date and implemented several processes to maintain compliance moving forward.
- SCCC has completed the Initial and Follow-up PREA Risk Assessments consistently with a 97% or above accuracy, completing a previously identified gap.
- The PREA department provided a refresher course to PREA investigators.
- Unit staff complete monthly checks of the PREA posters, brochures, and phones using established checklists.
- Investigation due dates have been shortened to two weeks.
- Digital folders were created for all PREA investigations.
- Retaliation Monitoring is sent to the CUSs and tracked to ensure it is completed on time.

Identified Gaps and Associated Action Plans:

- The PREA Response Team was an outdated list due to changes in positions at SCCC. The department has identified team members and is scheduling a group meeting to discuss proper response procedures. The meeting will include the PREA Response Team, Victim Advocates, and Grays Harbor County Sheriff's Office.
- Staff training regarding PREA processes and policies is extremely important to the PREA department. To ensure information is disseminated to staff, the PREA department sends emails and attends meetings to share new policies and continues staff education through refreshers as needed.
- Access to the Victim Advocates was identified as a CAP item. SCCC leadership met with the Victim Advocates to review processes for entering the facility to meet with individuals. Moving forward advocates and the PREA department will work together to schedule confidential meetings with individuals at the facility.
- Referrals to law enforcement (LE) officials were not being tracked by the PREA department. LE referrals are now tracked on the PREA investigations tracker and monitored for replies from LE and follow-ups as needed.

Critical Objectives for 2024:

- Continue to upgrade and expand camera coverage throughout the facility allowing Shift Lieutenants and investigators to review reported allegations and provide evidence during the investigation process.
- Continue to work with transgender, intersex, and non-binary incarcerated individuals to provide information regarding any updates to policies and strengthen our process when issuing or exchanging clothing.
- Continue to work proactively with incarcerated individuals to provide education on Victim Advocacy.
- Continue to update established PREA audit folders to ensure continued compliance throughout the year and quickly identify and correct gaps.



WASHINGTON CORRECTIONS CENTER

Washington Corrections Center (WCC) is a medium, close, and maximum-security adult male facility located four miles west of Shelton, WA. The facility broke ground in February 1962 and was completed for occupancy in November of 1964. WCC has over 600 employees, including Department of Correction Staff and Contractors.

WCC serves as the reception and diagnostic center for male Incarcerated Individuals for the State of Washington. WCC has the capacity to house 1,268 incarcerated individuals, 1,200 housed in the main Reception Center which is comprised of five close security housing units that house approximately 200 incarcerated individuals in each unit. WCC also has three medium security units that house approximately 240 incarcerated individuals in each unit. Additionally, WCC has max security that houses 124 individuals. WCC's average daily population in 2023 was 1,556.

WCC offers several educational and work opportunities for incarcerated individuals to include Evidence based programming, Strength in Families (REFORM), Nature Imagery Program, Chemical dependency, Parenting Inside Out, and Bridges to Life. Educational opportunities include Adult Basic Education, Beekeeping, Service Dog Program, Correctional Industries (Food Service, Laundry, and Warehouse) and Construction Trade Apprenticeship Program. For the year 2023, there were 1,669 incarcerated individuals that participated in educational and/or work programming while housed at WCC.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 5 | 0 | 27 | 15 | 0 | 0 | 32 | 15 |
| 2014 | 2 | 1 | 1 | 1 | 50 | 27 | 0 | 0 | 53 | 29 |
| 2015 | 7 | 0 | 9 | 0 | 69 | 24 | 0 | 0 | 85 | 24 |
| 2016 | 3 | 1 | 11 | 0 | 56 | 16 | 0 | 0 | 70 | 17 |
| 2017 | 1 | 2 | 22 | 4 | 27 | 18 | 0 | 0 | 50 | 24 |
| 2018 | 3 | 2 | 14 | 2 | 28 | 21 | 0 | 0 | 45 | 25 |
| 2019 | 1 | 1 | 18 | 3 | 13 | 21 | 0 | 0 | 32 | 25 |
| 2020 | 7 | 0 | 38 | 8 | 5 | 9 | 2 | 1 | 52 | 18 |
| 2021 | 2 | 0 | 19 | 5 | 4 | 5 | 8 | 10 | 33 | 20 |
| 2022 | 0 | 0 | 2 | 2 | 1 | 0 | 61 | 45 | 64 | 47 |
| 2023 | 0 | 1 | 14 | 1 | 0 | 6 | 28 | 8 | 42 | 16 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Completed training for additional Administrative Investigators expanding the list of available certified PREA Investigators.
- WCC's PREA Office and Mental Health (MH) Department established a process to ensure 13-509 mental health follow-up appointments are being met within 14 days.
- WCC's PREA Office and Human Resource (HR) Department established a process for referred staff investigations, staff initial notification / outcome and staff retaliation monitoring is tracked and documented.
- Established a process to limit WCC investigators assigned one investigation at a time.
- WCC's PREA Office and Correctional Unit Supervisor (CUS) established a process to ensure unannounced walkabout documentation (Logbook copies) in their unit is provided weekly to WCC PREA office.
- WCC's PREA Office and Receiving Sergeant / Intake Classification Counselor established a process to ensure when an incarcerated individual discloses gender status and does not feel safe or feels safe in general population (GP) is housed according to policy.
- Completed the 2023 onsite portion of the PREA Audit.

Identified Gaps and Associated Action Plans:

- It was identified that when an incarcerated individual makes a PREA sexual harassment / abuse allegation the reporting staff would wait until the end of their shift to report the PREA sexual harassment / abuse allegation to the Shift Commander. Reminder email was sent out by WCC PREA office explaining the importance of making the report as soon as possible. Superintendent Dean A Mason reached out to all Department's Supervisors to remind their staff to report PREA sexual harassment / abuse allegations as soon as possible and not wait until the end of their shift. WCC PREA office will follow up with each Department Supervisor and answer any questions or concerns.
- It was identified that PREA monitoring is not completed according to policy. WCC PREA office met with intake classification counselor regarding PREA monitoring plan. It was decided that intake classification counselor will initiate the PREA monitoring and when the incarcerated individual is assigned a counselor, the assigned counselor will establish a plan with the incarcerated individual. WCC PREA office will follow up quarterly to ensure compliance.
- It was identified staff who were transferred from other facilities, background check was not documented according to policy. WCC PREA office will meet with background committee and human resources to identify who/what/when/where/why and how background checks are completed. Once a process is established WCC PREA office will keep an ongoing tracker for background checks.

Critical Objectives for 2024:

- WCC is currently working on a PREA Audit Corrective Action Plan 2023-2024 with the following standards: 115.15 Limits to cross-gender viewing and searches, 115.21 Evidence protocol and forensic medical examination, 115.33 Inmate education, 115.41 Screening for risk of victimization and abusiveness 115.53 Inmate access to outside confidential support services. WCC will continue providing supporting documents until May 2024.
- WCC PREA office will work towards establishing an incarcerated individuals ongoing notification regarding the alleged incarcerated individual.

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- WCC PREA office and Human Resource (HR) will need to establish an incarcerated individual ongoing notification regarding alleged staff.
- WCC PREA office will work towards implementing a training of a possible Aggravated Sexual Assault and involvement with each department and other agencies. This would provide a clear understanding and difference between a PREA allegation response to an aggravated sexual assault response.
- WCC PREA office will provide PREA culture questionnaire to all department supervisors to answer prior to an arranged meeting. This questionnaire will provide the PREA office and department supervisor the opportunity to focus on the specific needs of their area. Then WCC PREA office will work with each department and encourage the new culture changes where staff are able to recognize and understand the purpose of following the PREA standards and not be stand-offish when PREA is brought up.



WASHINGTON CORRECTIONS CENTER for WOMEN

Washington Corrections Center for Women (WCCW) is a facility located in Gig Harbor, WA. The facility was opened for occupancy in 1971 and has served as both a reception diagnostic center and corrections center housing maximum custody, close custody, medium custody, and minimum custody incarcerated individuals. WCCW has over 469 employees, including Department of Corrections staff and contractors.

WCCW has an operational capacity of 759 incarcerated individuals, 135 housed in the Closed Custody Unit, 262 housed in the Medium Security Unit, 63 housed in the reception diagnostic center (RDC), 49 housed in the Treatment & Evaluation Center (TEC-Residential and TEC-Acute), and 250 housed on the minimum-security campus (MSC). WCCW’s average daily population in 2023 was 598.

WCCW provides incarcerated individuals with programs proven to reduce the likelihood of committing new crimes and promoting self-efficiency after release from confinement. Such programs include educational opportunities to include the Horticulture Program, Adult Basic Education, Technical Design Program, Associate of Applied Science in Business, and Prison Pet Partnership. Employment opportunities include Food Services, Community Work Crew, Prairie Plant Conservation, and Correctional Industries (Braille, Embroidery, Auto-CAD Programs). For the year 2023, there were 2,811 incarcerated individuals that participated in educational and/or work opportunities while housed at WCCW.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 12 | 2 | 8 | 3 | 45 | 16 | 0 | 0 | 65 | 21 |
| 2014 | 5 | 3 | 12 | 2 | 44 | 22 | 0 | 0 | 61 | 27 |
| 2015 | 2 | 3 | 9 | 7 | 25 | 38 | 0 | 0 | 36 | 48 |
| 2016 | 3 | 2 | 22 | 3 | 10 | 13 | 0 | 0 | 35 | 18 |
| 2017 | 0 | 0 | 12 | 1 | 12 | 10 | 0 | 0 | 24 | 11 |
| 2018 | 3 | 2 | 19 | 9 | 4 | 10 | 0 | 0 | 26 | 21 |
| 2019 | 4 | 1 | 29 | 11 | 19 | 18 | 0 | 0 | 52 | 30 |
| 2020 | 10 | 0 | 50 | 14 | 12 | 19 | 0 | 0 | 72 | 33 |
| 2021 | 5 | 2 | 50 | 10 | 14 | 13 | 7 | 8 | 76 | 33 |
| 2022 | 2 | 0 | 18 | 3 | 15 | 12 | 27 | 26 | 62 | 41 |
| 2023 | 2 | 4 | 26 | 3 | 12 | 11 | 5 | 5 | 45 | 23 |

Accomplishments for 2023 / Assessment of Facility Progress:

- WCCW maintained the expansion of PREA Department staffing with two PREA Compliance Specialists.
- WCCW educated the population by conducting routine visits to living units and programming areas to answer questions and provide information on PREA related topics such as reporting PREA and outside agency forms. Education of Staff was given throughout the year through in-person meetings with Case Managers, Correctional Unit Supervisors, and Lieutenants, refresher training, and emails.
- WCCW sent staff to the Administrative Investigator training expanding the list of PREA investigators and limiting the time needed to assign investigations.
- WCCW implemented an initial triage process to determine the next steps when an allegation is received. This is a collaborative process with the Appointing Authority/Duty Officer, Shift Commander, and Medical/Mental Health staff.
- WCCW has improved on the timeliness of investigations being conducted and has a routinely scheduled meeting with Senior Managers to conduct the required multidisciplinary reviews.
- WCCW participated in the rolling audit process and continues to work towards process improvement and compliance.

Identified Gaps and Associated Action Plans:

- WCCW has identified some gap areas that Case Managers and Sergeants are responsible for. WCCW plans to work with the Correctional Unit Supervisor, Lieutenant, and Senior Management team to impact change and improve the process. WCCW sends information to the Shift Lieutenants and/or Correctional Unit Supervisors as gaps are identified. The PREA Department will continue to monitor the gap areas for continued improvements and keep the PREA Compliance Manager updated.

Critical Objectives for 2023:

- WCCW will continue improving on completing timely investigations as a critical objective. In response, the facility has maintained the expansion of the PREA department by adding another PREA Compliance Specialist.
- WCCW will continue staff training regarding PREA processes and policy with the intent of informing new strategies to increase awareness and will continue to provide staff with education and communication regarding any changes that occur to standards and processes, and answer questions to give staff the tools to be effective in the process.
- WCCW will continue to work proactively with incarcerated individuals to provide education both formally and informally to assist in the understanding of the purpose of the PREA standards.



WASHINGTON STATE PENITENTIARY

Washington State Penitentiary (WSP) is a minimum-maximum security adult male facility located on 540 acres near the City of Walla Walla, WA. The facility has continually operated since 1886. WSP has approximately 970 employees, including Department of Corrections staff and contractors.

WSP has an operational capacity of 2,158 incarcerated individuals. They also have an emergency capacity to house an additional 700 beds for a total capacity of 2,858. WSP is comprised of The South, West, and East Complex. The East Complex houses minimum custody incarcerated individuals with a capacity of 570. The West Complex houses Close Custody incarcerated individuals with a capacity of 810. The South Complex houses Medium-Max custody incarcerated individuals with a capacity of 1,127. WSP has a Health Services Department that can house an additional 82 incarcerated individuals. WSP's average daily population in 2023 was 1,980.

WSP continues to excel in providing education, work, and treatment programs focused on successful re-entry. WSP offers research-based programs and work opportunities to include Correctional Industries, Thinking for a Change, Roots for Success, and Substance Abuse Treatment. Educational and vocational opportunities include Adult Basic Education, Dog Training & Adoption Program, Diesel Mechanics, Auto Body, and HVAC. During 2023, there were 1,126 incarcerated individuals that participated in educational and work programming while housed at WSP. Of these students, 282 Students received degrees and certifications.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 5 | 0 | 37 | 8 | 14 | 13 | 0 | 0 | 56 | 21 |
| 2014 | 6 | 4 | 36 | 9 | 27 | 31 | 0 | 0 | 69 | 44 |
| 2015 | 8 | 4 | 61 | 19 | 25 | 36 | 0 | 0 | 94 | 59 |
| 2016 | 13 | 2 | 51 | 9 | 27 | 26 | 0 | 0 | 91 | 37 |
| 2017 | 9 | 1 | 55 | 15 | 8 | 25 | 0 | 0 | 72 | 41 |
| 2018 | 5 | 2 | 35 | 12 | 13 | 38 | 2 | 0 | 55 | 52 |
| 2019 | 7 | 1 | 26 | 5 | 8 | 16 | 0 | 0 | 41 | 22 |
| 2020 | 8 | 1 | 39 | 5 | 6 | 17 | 0 | 0 | 53 | 23 |
| 2021 | 4 | 0 | 18 | 4 | 1 | 6 | 3 | 5 | 26 | 15 |
| 2022 | 4 | 0 | 23 | 5 | 10 | 23 | 10 | 7 | 47 | 35 |
| 2023 | 2 | 0 | 20 | 3 | 7 | 13 | 1 | 3 | 30 | 19 |

Accomplishments for 2023 / Assessment of Facility Progress:

- There are multiple decreases in all the PREA cases from 2023 in comparison to 2022. There is also a decrease in the total number of open cases. Staff have been very diligent on completing investigations thoroughly and timely. The total number of incarcerated-on-incarcerated individual cases have dropped from 47 in 2022 to 30 cases in 2023. The number of staff on incarcerated cases have dropped from 35 cases to 19 total cases.
- Facility trained 3 PCM, 3 PCS and one new AA2.
- The PREA AA2 position was reallocated to a CSA.
- Quickly caught up the 2021 and 2022 PREA Investigations.
- PREA risk assessments are being completed.
- Created new PREA risk assessment unit folders for confidentiality concerns.

Identified Gaps and Associated Action Plans:

- PREA is not receiving notification from Engineering which is required for the vulnerability assessments. This includes facility expansions, modifications, and system monitoring updates. To mitigate, PREA has been added to the Executive Team Construction Email.
- PREA risk assessments are not being fully completed, despite weekly meetings to discuss inconsistencies. This is an ongoing issue that we are working through by maintaining weekly reminders and report outs.
- Not receiving monthly PREA unit checklists. (i.e. hotline checks, poster checks, brochures). This is an ongoing issue that we are working through by sending out monthly email reminders.
- Identified that the Health Services Building (HSB) has not been completing 2023 strip search logs. Weekly communications are being held with the HSB supervisor and Sargeant. HSB Sgt. and CUS are working on ensuring these are getting documented correctly and will be placing more logs in the areas while having conversations with staff.

Critical Objectives for 2024:

- Continue to prepare for the WSP 2024 Federal Audit.
- Reallocate the half-time PCS to a full-time PCS.
- PREA risk assessments are not being completed in its entirety. This is an ongoing compliance issue identified in previous years.
- Continue to establish meeting cadence with engineers/Electronic Technicians to discuss any physical plant changes and upgrades/installation of monitoring/electronic surveillance systems.
- Conduct PREA drills.
- Continue training new PREA office staff on standards and policies.
- Continue training staff on LGBTI issues.
- Continue to improve Gender Affirming details around the DRW Lawsuit.
- Continue to revise processes as necessary when action is needed.



AHTANUM VIEW REENTRY CENTER

Ahtanum View Reentry Center (AVRC) is a partial confinement minimum custody facility located in Yakima, WA. AVRC was opened in 1972 and moved 3 times, expanding to 2011 S. 64th Avenue in May 2010. The newer 3 level brick building was constructed in 1998. The facility is surrounded by orchards, hop fields, and residential areas as well as established and growing local businesses. AVRC has served the community with pride and in the past earned accreditation from the American Correctional Association. It has become an intricate part of both the business and local communities in and around the City of Yakima. AVRC is owned by the State of Washington and is operated by 33 custody and non-custody staff members employed by the Department of Corrections.

AVRC has a capacity of 99 co-ed residents and accommodates up to 82 male residents and 17 female residents. The facility consists of a basement, a main floor and a second floor. The basement area is used for storage, maintenance mechanical service areas and the facility kitchen/dining area. The main first floor houses the female residents, the duty desk, visitation areas and the Community Corrections Officer’s (CCO) offices. The second floor houses the male residents and the sergeant’s office. The average population age range is 18-65 years old with an average length in stay of up to 12 months.

AVRC’s primary goal is improving public safety by positively changing lives through encouraging re-connections with family, and helping residents gain knowledge and skills necessary for success in the community.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 2014 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2017 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 3 |
| 2018 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2019 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Staff are aware of how to utilize the language line for assistance in communicating with residents.
- The “rule of three” is the on-going expectation in kitchen storage blind spots.
- During the past year, the facility has continued to focus on making sure new staff are trained and all staff complete their annual PREA trainings.
- AVRC successfully completed their 2021 Audit.
- Improvements in the facility included:
 - Approved to add exterior lighting with new LED units to increase safety and visibility.
 - Multi-Purpose Building was reopened.
 - Approved to update camera system on the perimeter fence and Multi-Purpose Building.
 - Replaced and updated Control Room (Duty Desk) creating better visibility.
 - Privacy slats installed in perimeter fence due to the housing development next to the facility.
 - Improvements have been made to the duty station making it more functional for operations.
 - An electronic lock has been added to the main facility entrance along with a camera that allows staff to control the movement in and out of the facility from the duty station.
 - AED’s have been installed throughout the entire facility.
 - Narcan has been installed in all residential areas.
 - Custody staff carry Narcan on their duty belts.
 - Locking key boxes have been installed ensuring more key control.
 - A new Secretary Supervisor position was filled.
 - Removal of derelict greenhouse giving better observation of garden/yard area
 - Increased custody staff by 4 full time positions.

Identified Gaps and Associated Action Plans:

- Complete annual PREA training for staff as required online and/or when training sessions resume.
- Complete PREA tabletop drills and ensure supervisors have a PREA topic during their quarterly staff facility meetings.

Critical Objectives for 2024:

- Prepare for the next PREA Audit.
- Continue to use the PREA risk assessment tracker to ensure compliance with time frames for completion.
- Continue to reinforce expectations about PREA awareness and culture with staff, residents, and the community.
- Add additional security cameras throughout the facility in identified blind spots where staff and/or individuals may have access to.



BELLINGHAM REENTRY CENTER

Bellingham Reentry Center (BRC) was closed in May of 2022, and has reopened on April 15, 2024.

BRC is a partial confinement minimum custody facility located in the northwest corner of Washington State overlooking Bellingham Bay. The facility was established in 1976 and relocated in 1981 to its current location at 1125 & 1127 N. Garden St. Bellingham, WA.

BRC has the capacity of 50 co-ed residents and accommodates up to 42 male residents and eight female residents, operating in two side-by-side buildings. BRC’s 1127 building is a 117-year-old Victorian home with a basement and three stories consisting of four offices, kitchen, dining and living room, weight/laundry room and dormitory style rooms. BRC’s 1125 building is about a seven-year-old facility with a basement and three floors. The 1125 building consists of an administrative wing with three offices, an ADA room and three floors of dormitory style rooms. Most resident floors have a living area and some recreational equipment. The buildings are equipped with numerous digital cameras strategically placed to increase vigilance of resident activity while on facility grounds.

The average population age range is 19 to 70 years old with an average length in stay of 4-12 months. Residents at BRC attend work, training, and treatment in the community.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|------------------|-----------------|
| | Inmate On Inmate | Staff On Inmate |
| 2012 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2014 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2017 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2019 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 Assessment of Facility Progress:

- BRC was in a soft close during 2023 and had no residents.
- BRC entered a five-year lease with Garden Street Investments on 6/1/22. Previously the lease was held by the contractor. This allows us to respond to building upgrades to mitigate PREA risks from a structural standpoint.
- BRC converted from a contract facility to a state-operated reentry center.
- BRC hired its first onsite Construction Maintenance Project Lead, allowing us to attend to maintenance issues and gaps promptly.
- A new and detailed case audit was created and approved in 2023 for use by Reentry Center Managers and Community Corrections Officer 3's in 2024 to address discrepancies in monitoring plans addressed during the 2022 PREA Audit.

Identified Gaps and Associated Action Plans:

- Continue to be vigilant in adhering to PREA standards, continuing to educate staff, and utilizing new tools to increase PREA compliance. Statewide, all reentry centers are submitting a quarterly PREA tracking document to ensure work releases are meeting PREA expectations and deadlines.
- One of the challenges the COVID-19 pandemic created during the statewide emergency proclamation was an interruption in training. During that time, there was less in-class training offered. However, we have returned to normal operations and all staff are compliant with in-class and online training requirements. BRC's custody team are all new hires. In the past, we had contract staff. In November 2022, we hired our first Sergeant. Since November, we have hired seven Corrections and Custody Officers (CO), with five CO's having completed Correctional Worker Core (CWC).
- Our former contractor CWTA experienced significant staffing shortages in 2020 and 2022. This impacted our ability to ensure that there were always both genders and an Academy trained staff on all three of our shifts. Due to staff shortages, we remained in regular communication with our Reentry Center Operations Administrator to mitigate the risks that could have presented themselves with staff shortages. There were occasions where we received staffing assistance from both DOC's prisons and Community Corrections Division. It is with these staff shortages, current inflation rates, and increasing rates of pay by employers, that our contractor made the difficult decision to terminate their contract.

Critical Objectives for 2024:

- Hire additional COs to complete our staffing model, 12 full-time COs and 2 on-call COs. Currently we have 7 COs hired.
- Ensure all COs complete CWC in 2024. To date, 5 COs have completed this training, and 1 CO is scheduled to attend CWC on 4/8/24.
- BRC implemented a Washington Way charter and action steps. BRC was a pilot site for Washington Way, formerly known as the Amend Program. Washington Way is a Norwegian correctional program designed to increase humanization and normalization within our facilities. We are currently in discussion with Washington Way leadership to offer a Washington Way training in May 2024 for all our staff, particularly given most of our staff are new to BRC.
- Offer a Reentry Center Team Development training to all staff in 2024.



BROWNSTONE REENTRY CENTER

Brownstone Reentry Center (BSRC) is a partial confinement all male minimum custody facility located at 223 S. Browne St. in the heart of downtown Spokane, WA. This three-story building was constructed in 1910. The facility is in proximity to health care services, substance abuse treatment, and is on the main transit line. BSRC is operated by five staff employed by the Department of Corrections and 14 contract staff employed by The Transition Housing Incorporated (TTHI).

BSRC houses 84 all-male adult residents. The second and third floors of the facility are designated as resident housing units, while the main floor is designated for offices, a kitchen, dining area, resident resource room and visiting room. The basement area consists of recreation and television rooms, the laundry facility, a recumbent bike and yoga room, a weight room, and maintenance office. The average population age range is 18-65 years old with an average length of stay between 4-6 months but can extend to 12 months if on Graduated Reentry (GRE).

While at Brownstone Reentry Center, all individuals are expected to secure employment or attend training/educational programs to enhance success in transitioning into the community. Individuals are encouraged to establish positive support networks with family, friends, and the community. Upon arrival at Brownstone, each incarcerated individual is assigned to a Community Corrections Officer who assists them with the transition from prison to the community. Our goals are to decrease risk factors, increase protective factors, and encourage residents to positively contribute and be productive members of our community.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2015 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2016 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2018 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2019 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |

Accomplishments for 2023 / Assessment of Facility Progress:

- BSRC had one substantiated sexual harassment allegation in 2023 and one unsubstantiated sexual abuse allegation.
- TTHI Staff are conducting hourly walkthroughs on the living units to increase safety with their presence and observation to monitor behaviors and increase safety for individuals.
- BSRC staff reviewed and discussed PREA requirements, including zero-tolerance for sexual misconduct and related retaliation. Ongoing discussions about reporting requirements have been initiated with the CCS and Contract Director to help staff identify red flags, considerations for retaliation and supporting human-centered objectives are prioritized.
- Conducted PREA Table-Top Drills in staff meetings.
- PREA annual Vulnerability Assessment was completed in March 2023. Areas of improvement included the addition of cameras on the resident floors to capture the short hallways.
- Major capital projects were approved and are now in progress with completion projected by June 30,2024. These improvements include additional cameras in the dining hall and kitchen food storage areas and the exterior of the building. New paint and flooring throughout the building which will help identify floors by color for the video monitors. A complete upgrade of the elevator as well as new fan coils, replacement of waterlines, and electronic card door locks.
- All staff have been introduced to the Amend program and have been working on personal values and goals to help assess growth and development. Discussions and training for staff to include daily use of the Department’s Strategic Anchors will connect staff to the values of the Department and continue supporting the vision of working together for safer communities.
- Reentry contractor academy developed and held first academy in 2023.

Identified Gaps and Associated Action Plans:

- Contractor staffing levels and quality assurance checks for training. Implement training plan to bring all staff to standard.
- Retirement of contract director after 29.5 years of service. Contract Oversight is filling this position effective 3/2/24.
- Several staff terminated/resigned. Assistant Contract Director is working to fill positions.

Critical Objectives for 2024:

- To complete the 2023 PREA onsite audit. Rescheduled for March 26, 2024.
- Receive a successful compliance score from the Department of Justice (DOJ) PREA Audit.
- Continue to build a PREA educated and zero-tolerance culture with staff and residents.
 - Ensure that PREA training is ongoing.
 - Ensure staff continue to stay abreast of new and/or revised policies.
 - Ensure staff complete annual PREA training.
- Complete building projects to enable BSRC to increase bed utilization.
- Continue to expand on AMEND/Washington Way implementation.



ELEANOR CHASE HOUSE REENTRY CENTER

Eleanor Chase House Reentry Center (ECHRC) is a partial confinement minimum custody facility located at 427 W. 7th Street in Spokane, WA. ECHRC was opened in November of 1993 as a 40-bed work/training release and was approved by the city to expand in 1997. ECHRC is operated by five staff members employed by the Department of Corrections and 16 contract staff employed by The Transition House, Incorporated.

ECHRC houses 55 all-female adult residents. This three-story building houses residents on the second and third floors. The first floor is occupied as staff offices. The average population age range is 18-65 years old with an average length in stay of 6 to 8 months but can extend to 12 months if the resident is part of the Graduated Reentry Program (GRE).

ECHRC residents participate in creating a case plan that identifies areas to work on while in the program. This includes employment, engagement in education and/or training programs, engagement in programs to include medical/mental health and substance use disorder programs, and establishing positive support networks with family, friends, and the community. Each resident is assigned a Community Corrections Officer and a Reentry Navigator who assists them through an individual case plan for the transition from prison to the community. ECHRC has established relationships with community partners that provide medical, mental health, dental, substance abuse disorder programs, and education programming.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 |
| 2017 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 1 | 1 |
| 2018 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2019 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2020 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Installation of new fencing and gate to secure catwalk and access to roof.
- There were no PREA allegations, concerns, complaints, or grievances.
- ECHRC had a 100% PREA initial and follow-up risk assessment completion rate.
- 100% compliant with all mandatory staff PREA-related training.
- Completed meetings with local law enforcement, victim advocates and medical facilities to remain in compliance with PREA requirements.

Identified Gaps and Associated Action Plans:

- ECHRC is in the process of adding a Substance Abuse Programming on the 1st floor of the facility. A vulnerability assessment of the area was conducted and identified the need for additional surveillance cameras, mirrors, and windows in office doors on the 1st floor. ECHRC is currently in the process of completing these identified gaps and the items will be completed prior to the start of the program.

Critical Objectives for 2024:

- Install a new key card door locking system for resident doors.
- Install a new intercom system to include the 1st floor of the facility.
- Continue 100% completion of PREA Assessments and training.
- Receive a successful compliance score from the Department of Justice (DOJ) PREA Audit.
- Continue to build a PREA educated and zero-tolerance culture with staff and residents.
 - Ensure that PREA training is ongoing.
 - Ensure staff continue to stay abreast of new and/or revised policies.
 - Ensure staff complete annual PREA training.



HELEN B. RATCLIFF REENTRY CENTER

Helen B. Ratcliff Reentry Center (HBRRC) is a partial confinement minimum custody facility located at 1531 13th Ave South in Seattle, WA. This facility was opened in 1988 as the state’s only all-female work release center at the time. Its residential location sits in the Beacon Hill neighborhood, along a main bus line and has access to many local businesses. HBRRC is leased by the State of Washington and is a state operated program. The facility employs 19 staff members to operate this 24/7 reentry center program.

HBRRC houses 53 all-female adult residents. The layout of the facility consists of a basement, main floor and second floor. The main floor has five resident rooms and administrative offices. The second floor has 15 resident rooms. The basement has administrative offices, conference, laundry and recreation room, and a child visitation room. The average population age range is 18-70 years old with a length of stay up to 12 months. Residents may be transferred to Graduated Reentry (GRE) supervision 4-5 months before release.

HBRRC focuses on supporting the reentry needs of residents as they transition into the community. Local agencies, businesses, and stakeholders offer support and resources necessary to assist transitioning individuals with employment, attending job training programs, starting or finishing their education and much more. HBRRC also offers a child visit day and overnight program for mothers and their children and is part of the Residential Parenting Program (RPP) at WCCW.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2014 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2019 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2020 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- 100% compliant with mandatory PREA training.
- There were no PREA allegations, concerns, complaints, or grievances.
- The facility continues to provide multiple ways to report a PREA concern or incident by conducting the Intake and Follow-up PREA assessments, reminding and reassuring residents of PREA policies and procedures to include the PREA information boards posted around the facility.
- Staff are alert to possible PREA concerns by conducting regular walkthroughs and counts. They use the convex mirrors placed in key areas of the facility and view the security cameras. In November 2023 a security camera replacement project started and was completed in January 2024. The vulnerability assessment for the facility continues to be completed annually and reviewed on a bi-annual schedule or as needed.
- A security camera was installed in the conference room and repositioned for more visual coverage in the kitchen and dining room.

Identified Gaps and Associated Action Plans:

- A recent vulnerability assessment identified no needs for improvement.

Critical Objectives for 2024:

- Continue to educate residents of ways to report a PREA incident and remind staff to always remain alert.
- Improve video enhancements with additional security cameras and improved camera placement around the facility.
- Continue to monitor the camera security system.
- Continue to provide staff PREA updates.



LONGVIEW REENTRY CENTER

Longview Reentry Center (LRC) is a minimum custody partial confinement facility located at 1821 1st Ave, in the central area of Kelso/Longview bordering the Columbia River and Oregon. The facility was opened in 1992, was expanded in 1998 and is surrounded by many well-established local businesses. LRC is a regional facility that serves residents from Cowlitz, Clark, Lewis, Pacific, and Wahkiakum counties. This facility is owned by the State of Washington and is operated by approximately 33 Department of Corrections employees.

LRC is a co-ed 100 bed facility housing 88 adult male residents and 11 adult female residents. The facility is entirely on one floor with separate wings for male and female residents, to include separate recreation rooms for male and female residents. They offer a comprehensive program that focuses on managing the transition from prison to the community. The average population age range is 18 to 65-years-old with an average length in stay of 4-6 months but can extend to 12 months if on Graduated Reentry (GRE).

LRC's goal is to effectively intervene in the risk an individual may pose to the community while assisting the individual in becoming a more positive and productive member in the community by practicing Amend principles. LRC focuses on positive re-entry and transitioning into the community by providing positive role modeling while the residents stay here, showing them how to achieve a positive release and become productive in the community while reducing recidivism.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 1 |
| 2014 | 0 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 2 | 0 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 1 | 1 | 0 | 1 | 0 | 0 | 1 | 2 |
| 2017 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2019 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- LRC had a 100% PREA initial and follow-up risk assessment completion rate.
- The facility continues to review PREA policies and procedures. We held a PREA knowledge activity at our all staff meeting in December.
- PREA related in-service training completed by staff.
- Tabletop discussions conducted with staff regarding PREA response and reporting.
- Completed meetings with local law enforcement, victim's advocates, and medical facilities to remain in compliance with PREA requirements.

Identified Gaps and Associated Action Plans:

- A vulnerability assessment was completed on 04/18/2023 and 11/07/2023. The facility is set up well to prevent sexual abuse and sexual harassment related incidents. The April assessment was completed due to a supervisor change and in progress construction projects. The November assessment was completed due to the finish of duty desk construction project. No critical issues found.

Critical Objectives for 2024:

- Continue 100% completion of PREA initial and follow-up assessments.
- Maintain/implement quarterly tabletop drills that include responding to sexual abuse allegations.
- Work with contractors to ensure remodeled areas are compliant with PREA requirements.
- Work with DOC IT to determine the current capabilities of our security camera system and identify areas/systems for replacement/additional cameras. In addition, possibly link door alarms to the camera system to give a visual alarm when a door is breached.



OLYMPIA REENTRY CENTER

The Olympia Reentry Center (ORC) is a partial confinement minimum custody facility that opened in 1979 under the Department of Social and Health Services (DSHS) and became a part of the Department of Corrections (DOC) in 1981. It is located at 1800 11th Ave. SW in a traditional residential setting of Olympia, WA surrounded by apartment complexes, a city park, and a church. The facility is operated in conjunction with long-term non-profit partner, A Beginning Alliance. ORC is operated by three staff members employed by the Department of Corrections and 11 contract staff employed by A Beginning Alliance.

ORC has a capacity of 26 co-ed incarcerated individuals and accommodates up to 19 male individuals and seven female individuals. The facility has separate male and female living quarters and is handicap accessible for any incarcerated individual that may require such service. There are beautifully landscaped grounds and a basketball court for the incarcerated population. Additionally, the facility has an outside recreation/fitness area, no-charge laundry facilities, large industrial kitchen, and a large dining area. The average population age range is 18 to 65+ years old with an average length of stay between 4-6 months but identified individuals may be extended up to 12 months if participating in the Graduated Reentry (GRE) program.

The facility is committed to assist incarcerated individuals with their successful transition into the community. Individuals can work, attend college courses, complete training programs, participate in substance abuse treatment, attend parenting classes, and participate in other self-improvement programs or offense-specific treatment programs for support and to assist in preparing them for their successful transition back into the community.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2014 | 0 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 1 | 1 |
| 2015 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 3 | 0 |
| 2016 | 3 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 3 | 1 |
| 2017 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2019 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- PREA facility audit conducted and completed by Department of Justice (DOJ) on March 31, 2022. The facility was found to be compliant in all standards after successfully addressing a couple of minor issues while the auditors were still on-site at the facility. The facility is scheduled for another DOJ PREA audit in October of 2024.
- During the past year, the facility has continued to focus on making sure new staff are trained and that staff successfully complete their annual PREA trainings by the required due dates.
- The facility was 100% compliant with all mandatory resident PREA-related intakes, interviews, orientations, and follow-up risk assessments/updates on or before the required due date.
- The facility was 100% compliant with all mandatory staff PREA-related training.
- There were no PREA-related allegations, concerns, complaints, grievances, or investigations.
- The facility continues to provide numerous avenues for incarcerated individuals to report any PREA-related concerns to include but not limited to verbal, telephonic, and written.
- Several potential blind spots have been identified to include in an area of the kitchen and outside the staff Duty Station. Steps are currently taking place to have additional cameras positioned in these areas to provide increased video coverage and to provide an additional degree of safety.
- Changed several inside door locks to the master key, which allows staff to respond quicker in an emergent situation. This included a storage room on the main floor, the pantry and a storage shed outside.

Identified Gaps and Associated Action Plans:

- Complete PREA-related tabletop drills on a quarterly basis.
- ORC is currently not under any corrective action plans.
- There were no identified gaps in 2023.

Critical Objectives for 2024:

- Continue to strive to improve and enhance all PREA-related protocols and safety measures.
- Continue to remind, encourage, and train staff to be aware of their whereabouts in relations to residents, camera locations and any potential blind spots.
- Maintain 100% compliance with all mandated PREA-related requirements including, but not limited to mandatory PREA risk assessments and staff training.
- Add additional surveillance cameras in the kitchen and outside the Duty Station.



PENINSULA REENTRY CENTER

Peninsula Reentry Center (PRC) is a partial confinement minimum custody facility located at 1340 Lloyd Parkway, Port Orchard, WA. The facility is part of an industrial area where there are a handful of locally established businesses. PRC was constructed in 1995 and became operational in 1996. In the past the facility has earned accreditation from the Americans Correctional Association. PRC is owned by the State of Washington and is operated by 26 Department of Corrections employees.

PRC is a co-ed 63 bed facility that houses 55 male residents and eight female residents with the primary goal of improving public safety by positively changing lives, reconnecting with family, and providing residents with the knowledge and skills necessary for success in the community. The average population age range is 18 to 65-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

PRC is a regional facility that serves residents from Kitsap, Mason, Jefferson, Clallam, and Pierce County on the west side of the Narrows Bridge. Residents can participate in re-entry programming which includes work/employment, college classes, training programs, substance abuse treatment, parenting classes, and other offense-specific or self-help classes. Facility staff focus on ensuring positive reentry and transition back into the community by providing positive role modeling to the residents.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 1 | 1 | 1 | 0 | 0 | 0 | 0 | 1 | 2 |
| 2014 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2015 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2016 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2017 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2019 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2020 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Peninsula completed and passed a DOJ PREA audit in August 2023.
- Peninsula completed building envelope remodel of the outside of the facility in June 2023. Peninsula additional camera to cover the laundry room for a newly created blind spot in June 2023.
- Peninsula completed a Duty Station reconfiguration and remodel in October 2023.
- 100% completion rate for initial and refresher PREA training for all facility staff.
- Peninsula will begin the Dorm 1 bathroom remodel in June 2024.
- The women's wing bathroom was completed October 2023.

Identified Gaps and Associated Action Plan:

- Peninsula is currently not under any corrective action plans.
- There have been no major issues/activities associated with the annual staffing plan.

Critical Objectives for 2024:

- Completion of the Dorm 1 bathrooms that is scheduled to begin in June 2024 and completed by early Fall.
- Ensure 100% compliance in all PREA related training.
- Review and revise the current staffing plan for 2024.



PROGRESS HOUSE REENTRY CENTER

Progress House Reentry Center (PHRC) is a partial confinement minimum custody facility located at 5601 6th Avenue, Tacoma, WA bordering the water of the Puget Sound area. The facility is surrounded by many well-established local businesses in a residential community. PHRC has served the community since 1976, and in the past earned accreditation from the American Correctional Association. The building is leased from Pierce County by the Progress House Association. WADOC staff and contractors of the Progress House Association work together to supervise the residents. PHRC is operated by six staff members employed by the Department of Corrections and 29 contract staff employed by the Progress House Association.

PHRC has the capacity of 90 co-ed residents, housing up to 76 male resident and 14 female residents. Male residents reside on the upper floor and female residents are housed on the lower floor in two different dormitory-like locations. The facility has a large and a small dayroom which is used by all residents. Additionally, residents have access to a visiting room and an outdoor area to allow the population the ability to co-mingle and engage in pro-social family visitation and leisure activities. The average population age range is 18 to 78-years-old with an average length in stay of 4 -12 months which may also include participation in the Graduated Reentry (GRE) Program.

The goal of PHRC is to improve public safety by providing the residents with the knowledge and skills necessary for successful reentry into the community.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2014 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2015 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2016 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2017 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 0 | 1 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2019 | 1 | 1 | 0 | 2 | 0 | 0 | 0 | 0 | 1 | 3 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 2 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |

Accomplishments for 2023 / Assessment of Facility Progress:

- PHRC uses the bar code scanning system. The bar codes are generated by PHRC and affixed to all areas around the facility where residents and staff have access. Staff are required to scan the bar code in each area at least four times per shift, in addition to conducting count four times on each shift to ensure an hourly walkthrough of the facility is being completed. The use of the bar code scanning system and the number of counts has continued to reduce the probability of sexual abuse.
- PHRC uses a pass system for resident movement into the community. Residents no longer move in cohorts (by room) due to the Centers for Disease Control and the Health Departments lowered restrictions on COVID-19. Additionally, PHRC continues to allow all residents the opportunity to use either dayroom to engage in “Pro-Social” behavior.
- PHRC has adopted the Washington Way AMEND (derived from “Amend the University of California, San Francisco”) principles which is a public health program working with prisons and reentry centers to improve the safety, health, and well-being of incarcerated individuals and correctional staff.

Identified Gaps and Associated Action Plans:

- A request has been made by PHA for an additional camera to be placed in the kitchen and in Control 2. Additionally, cameras have been requested for placement in the laundry rooms and for the outside garden area. The additional cameras will be annotated on the 2024 Vulnerability Assessment.
- All facility cameras are functional and are on the DOC network, so camera footage is now able to be retrieved at Headquarters through IT Security.

Critical Objectives for 2024:

- PHRC continues to monitor current camera placement, safety and security, and training. Convex mirrors will be added as risk areas are identified. The Reentry Center Manager and Community Corrections Officers continue to coach/mentor and work with contract staff on pat/room and area searches while incorporating the AMEND Principles of Dynamic Security, Normalization, and Progression. These principles are comprised of frequent, effective, and respectful communication between correctional staff and residents. Normalization which is creating a place for residents to experience a more normal environment and daily life to help prepare for a successful transition back in the community. Additionally, Progression which allows staff to engage with every resident to help them know what they need to do to be successful and earn more privileges, such as Social Outings with family and friends.



REYNOLDS REENTRY CENTER

Reynolds Reentry Center (RRC) is a partial confinement minimum custody facility located at 410 4th Ave in the city of Seattle, WA. This six-story brick building was constructed in the early 1900’s as a hotel and converted to a reentry center in 1978. This facility serves residents from King and Snohomish Counties. The facility is operated entirely by the Department of Corrections and employs 26 staff members.

RRC has the capacity to house 92 adult male residents. The first floor contains a library, weight room, pool table area, visiting area, and the kitchen/dining room. The second floor is comprised of administrative offices. Floors three through six are living areas, housing up to 23 residents in a combination of single and double-person rooms. The facility also has a full basement that is used for storage. RRC is also designated as an ADA facility and floors three and four have ADA rooms/bathrooms. The average population age range is 18 to 67-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

While at RRC, residents can participate in reentry programming. This includes work/employment, college/vocational classes, substance abuse treatment, parenting classes, and other programming that assists residents with their reentry plans. RRC seeks to meet individual needs and assist residents with barriers they may encounter in reentry, using the “whole person” approach with an emphasis on trauma based/centered care.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 1 | 0 | 2 | 1 | 0 | 0 | 0 | 1 | 3 |
| 2014 | 0 | 0 | 2 | 0 | 0 | 1 | 0 | 0 | 2 | 1 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2017 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2019 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 | 0 | 2 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2022 / Assessment of Facility Progress:

- Ability to adapt to and ensure completion of all initial/follow-up PREA risk assessment within existing COVID-19 cohort protocols.
- Successful PREA audit in October 2022, exceeding 3 standards.
- Reynolds was successful in establishing a second sergeant position in 2022. This allows for increased oversight of facility operations and custodial staff seven days a week. Previously Reynolds had one sergeant, primarily working on weekdays.
- Additional radios were purchased for custody staff, Community Corrections Officers, and kitchen staff. Custody staff were provided with remote speaker mics to allow for quick hands-free communication.

Identified Gaps and Associated Action Plans:

- Several staff were reassigned in 2022. As a result of these staffing changes, the facility location and the strong job market, recruitment and retention has been challenging in 2022. Given staffing shortages within the custody and community correction officer ranks, RRC's population has been capped at no more than 60 residents so far this year. As a result, permission was given by our Reentry Center Operations Administrator to utilize a 2-2-3 staffing plan instead of a 3-3-4 staffing plan until sufficient positions are filled.
- The only locations in the facility without camera viewing are the resident TV lounges on each floor. Although a prior request was denied, this year funding was approved for cameras to be installed in each of the 4 resident TV lounges. However, the hallways have good camera coverage and provide footage of the egress and ingress to each of these TV lounges.

Critical Objectives for 2023:

- Obtain 100% completion rate for initial and refresher PREA training for all facility staff. This is expected to occur before 6/30/23.
- Review and revise as needed the current staffing plan for 2023.
- Complete the vulnerability assessment by 4/30/23.
- Continue to ensure proper documentation and completion of all initial and follow-up PREA risk assessments.
- Funding and installation of four additional cameras in resident TV lounges.
- Continue to monitor camera placement.
- Create an Amend Program Action Plan and Charter. Last month, RRC sent a sergeant to Amend training to become RRC's ambassador. We also sent a correctional officer to learn contact officer methods, normalization, dynamic security, and other processes to improve the humanization of our facility. The incoming Acting Community Corrections Supervisor has also been trained in the Amend Program.
- Resume resident and staff house meetings. Due to cohort requirements, house meetings were disbanded during the COVID-19 pandemic. Given the State's emergency order has been lifted, and several restrictions have been removed, RRC will begin house meetings once the new leadership team is in place, starting in May of 2023.



TRI-CITIES REENTRY CENTER

Tri-Cities Reentry Center (TCRC) is a partial confinement minimum custody facility located at 524 E. Bruneau Ave, Kennewick, WA near the historic downtown area. TCRC is a single level, 12,500 square foot building on 1.37 acres, one block south of the Columbia River. TCRC has served the community since 1999, and in the past has earned accreditation from the American Correctional Association (ACA). The facility is owned and operated by the State of Washington Department of Corrections. There are 22 full-time staff that provide all operations, including food service, maintenance, custody, and case management services.

TCRC is a co-ed 40 bed facility that houses 34 male residents and six female residents. Each wing accommodates handicap accessible living quarters. The facility includes a recreation room, laundry room, separate male and female television rooms, fitness center, large industrial kitchen and dining room, and a visitation room for family and friends. In the back of facility, there is a large, landscaped yard with a half-court allowing residents to play basketball, volleyball, and bocce games, and have barbeques for residents, family and friends during our family-friendly events held year-round. The average population age range is 19 to 67-years-old with an average length in stay of 4-6 months but can extend to 12 months if they are participating in the Graduated Reentry (GRE) program.

Residents have various opportunities to prepare for reentry back into the community by obtaining employment, attending college/trade classes, receiving driver’s license, and attending community programs. TCRC staff implements the Amend principles by creating and fostering professional relationships with the residents to get to know them while using dynamic security to keep others in the Reentry Center and the community safe.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2014 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2015 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2016 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2017 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 1 |
| 2018 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2019 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 1 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023 / Assessment of Facility Progress:

- 100% compliance with the completion of PREA Risk Assessments (PRA).
- 100% compliance by Community Corrections Officers (CCO) establishing monitoring plans for residents who were classified as high risk for sexual victimization.
- 100% compliance with the providing of PREA information during orientation to new arrivals.
- 100% compliance for staff completion of annual PREA training by the end of the training year.
- There have been no allegations of sexual abuse or sexual harassment in 2023.
- The facility continues to provide numerous avenues for residents to report any allegations of sexual abuse or sexual harassment related concerns to include but not limited to verbal, telephonic, and written.
- The facility added three new concave mirrors in the facility. One mirror each in the men's and women's tier. The third mirror was placed in the administration's hallway.

Identified Gaps and Associated Action Plans:

- Continue to strive to improve and enhance any PREA-related protocols and safety measures.
- Incorporate PREA topics in the quarterly tabletop exercises.

Critical Objectives for 2024:

- Continually remind/train staff to be aware of their whereabouts in relation to residents, camera locations and any potential blind spots. Staff should never place themselves in a situation where they are alone with residents out of view of a camera, or other staff/residents present unless there are extenuating circumstances.
- Continually communicate with the residents about the ways to safely report any sexual abuse or sexual harassment allegations. Continually monitor the tone of the facility.
- Invite our sexual assault advocate from SARC to attend the quarterly resident meetings to discuss their services.
- Ensure all staff complete mandatory annual PREA training requirements.

Wenatchee Valley Reentry Center



Wenatchee Valley Reentry Center (WVRC) is a partial confinement minimum custody facility located at 400 Okanogan Ave Wenatchee, WA. WVRC was opened in September of 2023 as a 118-bed work/training release. WVRC is expected to begin receiving residents in March of 2024. WVRC is operated by 40 employees all employed by the WADOC.

WVRC is a co-ed facility housing 94 male residents and 24 female residents. This three-story building houses residents on the second and third floors. The first floor is occupied as staff offices, the kitchen, dining room, and the training room. The average population age range is 18-65 years old with an average length in stay of 4 to 6 months but can extend to 12 months.

WVRC residents participate in creating a case plan that identifies areas to work on while in the program. This includes employment, engagement in education and/or training programs, engagement in programs to include Cognitive Behavioral Interventions, medical/mental health, and substance use disorder programs, and establishing positive support networks with family, friends, and the community. Each resident is assigned a Community Corrections Officer and a Reentry Navigator who assists them through an individual case plan for the transition from prison to the community. WVRC has established relationships with community partners that provide medical, mental health, dental, substance abuse disorder programs, and education programming.

Accomplishments for 2023 / Assessment of Facility Progress:

- Wenatchee Valley Reentry Center ribbon cutting occurred on September 14th, 2023.
- 100% compliant with all mandatory staff PREA-related training.
- Established PREA standards for WVRC, to include education of zero-tolerance policy.
- Set-up PREA bulletin boards for WVRC.
- Established key control access cards and assigned keys based on assignment.

Identified Gaps and Associated Action Plans:

- No identified gaps currently.

Critical Objectives for 2024:

- Continue 100% completion of PREA Assessments and training.
- Increase staff involvement in the preparation for the Department of Justice (DOJ) PREA Audit.
- Receive a successful compliance score from the Department of Justice (DOJ) PREA Audit.
- Continue to build a PREA educated and zero-tolerance culture with staff and residents.
 - Ensure that PREA training is ongoing.
 - Ensure staff continue to stay abreast of new and/or revised policies.
 - Ensure staff complete annual PREA training.

COMMUNITY CORRECTIONS DIVISION

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 1 | 0 | 7 | 0 | 14 | 0 | 0 | 0 | 22 |
| 2014 | 0 | 0 | 1 | 3 | 0 | 8 | 0 | 0 | 1 | 11 |
| 2015 | 0 | 1 | 0 | 3 | 0 | 14 | 0 | 0 | 0 | 18 |
| 2016 | 0 | 0 | 0 | 1 | 0 | 15 | 0 | 0 | 0 | 16 |
| 2017 | 0 | 0 | 0 | 0 | 0 | 9 | 0 | 0 | 0 | 9 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 11 |
| 2019 | 0 | 1 | 0 | 0 | 0 | 11 | 0 | 0 | 0 | 12 |
| 2020 | 0 | 1 | 0 | 1 | 0 | 10 | 0 | 0 | 0 | 12 |
| 2021 | 0 | 0 | 0 | 1 | 0 | 6 | 0 | 0 | 0 | 7 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 7 | 0 | 3 | 0 | 10 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 3 |

Accomplishments for 2023 / Assessment of Facility Progress:

The Community Corrections Division (CCD) supervises individuals who have either been confined in a county jail or placed in prison (for felony convictions of more than one year) and were sentenced to direct supervision in the community. CCD supervises an active caseload of approximately 13,000 individuals in communities across Washington. CCD employees promote reintegration and public safety by providing guidance, support and program opportunities for all individuals returning into the community. CCD employees hold individuals accountable to their conditions of supervision as they resume life within the community. CCD employees collaborate with and support community stakeholders and parties with a vested interest in the successful transition of individuals into the community. The goal of CCD is to increase successful reentry of individuals to communities utilizing a variety of supervision tools, services, strategies, evidence-based programs and meaningful incentives and sanctions to hold individuals accountable and maintain public safety.

Identified Gaps and Associated Action Plans:

- Continuing to ensure staff are compliant with annual in-service PREA training requirements.
- Contributing to PREA policy development by staff providing input to the policy author.
- Maintaining a designated PREA Compliance Manager for each region within the division according to current policy.
- Continuing to encourage community corrections staff to hold individuals under DOC jurisdiction accountable for false reporting through the violation/hearing process.

Critical Objectives for 2024:

- Current data reveals that there have been four allegations of sexual abuse and sexual harassment made in CCD locations during this reporting period. Of the four, two were unfounded and two are currently under review. This is a decrease from the last reporting period. Mechanisms to hold individuals on supervision accountable for making false

allegations against staff have been instituted. The conditions, requirements, and instructions form, which is reviewed and signed at intake, contains specific language that informs individuals on supervision that submitting a PREA allegation that provides false or misleading information during a PREA investigation may result in sanctions through the violation process.

- Present challenges remain with PREA policies, associated forms, and processes as they are primarily designed for Prison and/or Reentry. Community Corrections leadership recently met with the Director of PREA Services to discuss the applicability of current policies for the Community Corrections Division. CCD leadership is in the process of reviewing current policies and will make policy change recommendations for consideration.

CORRECTIONAL INDUSTRIES

Correctional Industries (CI) is aligned under the Department of Corrections, Reentry Division. CI is a voluntary training and workforce development program. CI employs approximately 400 staff supervising over 1,600 incarcerated individuals at 11 facilities statewide. CI work programs are modeled after private sector operations and provide opportunities for individuals to develop technical and social skills. By linking basic skills, vocational skills, and on-the-job training, individuals are better prepared for employment upon their release.

The total number of staff-on-I/I allegations decreased from five in 2022 to 10 in 2023. At the time of this report, one allegation was substantiated, two allegations were unsubstantiated, and four allegations were unfounded.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 3 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 4 |
| 2014 | 0 | 0 | 0 | 3 | 0 | 0 | 0 | 0 | 0 | 3 |
| 2015 | 0 | 2 | 0 | 5 | 0 | 0 | 0 | 0 | 0 | 7 |
| 2016 | 0 | 1 | 0 | 6 | 0 | 2 | 0 | 0 | 0 | 9 |
| 2017 | 0 | 2 | 0 | 7 | 0 | 1 | 0 | 0 | 0 | 10 |
| 2018 | 0 | 0 | 0 | 6 | 0 | 4 | 0 | 0 | 0 | 10 |
| 2019 | 0 | 2 | 0 | 2 | 0 | 7 | 0 | 0 | 0 | 11 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 3 | 0 | 0 | 0 | 4 |
| 2021 | 0 | 1 | 0 | 1 | 0 | 1 | 0 | 2 | 0 | 5 |
| 2022 | 0 | 1 | 0 | 2 | 0 | 1 | 0 | 0 | 0 | 4 |
| 2023 | 0 | 1 | 0 | 2 | 0 | 3 | 0 | 3 | 0 | 9 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Increased the number of trained staff investigators and decreased the timeline for investigations from initiating to finalizing.

Identified Gaps and Associated Action Plans:

- PREA investigations that occurred were initiated for staff who had been employed a short time and had not attended CORE due to COVID-19 backlogs in training opportunities.

Critical Objectives for 2024:

- Continue to support a zero-tolerance culture, and the healthy, safe work environments.
- Increase the number of trained staff investigators with the goal of decreasing the timeline for initiating to finalizing investigations.
- As capacity allows, provide Supplemental PREA training to CI staff on the specific risks, signs of compromise, and best practices related to CI operations.

HEALTH SERVICES DIVISION

The Health Services Division is comprised of over 2,000 healthcare professionals, to include, doctors, nurses, psychologists, psychiatrists, substance abuse counselors, sex offender counselors, dentists, re-entry specialists and a host of experienced support staff.

As a team of committed professionals, we share the following values:

- We are each responsible for contributing to the delivery of quality health care.
- All individuals deserve to be treated with compassion and respect.
- Patient education is a path to good health.
- Evidence-based practices are the essentials of quality care.
- Successful re-entry includes linking patients with health care providers.
- Our customers include both internal and external partners.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 1 | 9 | 3 | 11 | 0 | 14 | 0 | 0 | 4 | 34 |
| 2014 | 4 | 6 | 3 | 3 | 0 | 20 | 0 | 0 | 7 | 29 |
| 2015 | 0 | 3 | 0 | 10 | 0 | 10 | 0 | 0 | 0 | 23 |
| 2016 | 0 | 3 | 0 | 4 | 0 | 10 | 0 | 0 | 0 | 17 |
| 2017 | 0 | 3 | 0 | 3 | 0 | 19 | 0 | 0 | 0 | 25 |
| 2018 | 0 | 5 | 0 | 1 | 0 | 15 | 0 | 0 | 0 | 21 |
| 2019 | 0 | 4 | 0 | 8 | 0 | 21 | 0 | 0 | 0 | 33 |
| 2020 | 0 | 5 | 0 | 17 | 0 | 13 | 0 | 2 | 0 | 37 |
| 2021 | 0 | 0 | 0 | 9 | 0 | 9 | 0 | 0 | 0 | 18 |
| 2022 | 0 | 4 | 0 | 5 | 0 | 24 | 0 | 7 | 0 | 40 |
| 2023 | 0 | 3 | 0 | 6 | 0 | 6 | 0 | 12 | 0 | 27 |

Accomplishments for 2023 / Assessment of Facility Progress:

- Identified current list of certified health services PREA trainers.
- Continuation of bi-monthly meetings established with the Assistant Secretary, Health Services administrators, and Health Services Human Resources to review progress of PREA investigations and ensure timeliness of completion.
- Encouraged health services staff across the state to engage in PREA training opportunities.
- Continuation of trained staff in addressing the transgender population by utilizing correct pronouns to avoid mis-gendering. Development of a protocol for transgender patient care.
- Continuation of a PREA Investigation tracking document that allows the investigator, Human Resources, and the Appointing Authority to track the progression of the PREA Investigations. This tracking has reduced the timeframes to complete PREA investigations providing routine discussions and updates to complete investigations.

Identified Gaps and Associated Action Plans:

- Lack of health services staff certified as PREA investigators at each facility had a negative impact on the completion of investigations. As Health Services continues to hire staff and fill positions, it is affording the opportunity to expand the number of PREA investigators that we have.

Critical Objectives for 2024:

- Ensure that all incarcerated individuals involved in an alleged PREA incident have immediate access to Medical and Mental Health care per current policy and Patient Centered Care Model.
- Implement and follow the guiding principles of the unit mission and vision statement.
- Additional investigators were assigned to Health Services to impact the timeliness and completion of PREA investigations.
- The priority for our Appointing Authorities is to support a zero-tolerance culture of our patients in Health Services Division.

REENTRY DIVISION

The Reentry Division within the DOC encompasses Reentry Centers, Correctional Industries, Education, Transition Services, Cognitive Behavioral Intervention, Housing Voucher Services, Community contracts, Strength in Families programming, and Fentanyl Task Force, Lead, and MA5. The staff who comprise the Reentry division work throughout the Reentry Centers, prisons, and field offices. Each of these dedicated individuals i are responsible for providing pathways for successful transition into the community, staff safety, and saving lives.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|---------------|--------------|-----------------|--------------|------------|--------------|------------|--------------|------------|--------------|
| | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2014 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2015 | 1 | 3 | 4 | 3 | 4 | 3 | 0 | 0 | 9 | 9 |
| 2016 | 0 | 1 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 2 |
| 2017 | 0 | 0 | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 2 |
| 2018 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2019 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| 2020 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| 2021 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 4 | 0 | 5 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 |
| 2023 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

Accomplishments for 2023/ Assessment of Facility Progress:

- During the calendar year of 2023, the Reentry Division conducted normal operations. Identified staff continue a modified teleworking schedule including direct in-person contact with incarcerated individuals, residents, and workers. Services are provided, and the DOC is utilizing onsite work locations along with computer processes such as tablets, kiosk, and virtually to engage the population. During 2023, there were no cases opened for investigation. Each reentry center report out individually, as does Correctional Industries.
- The SharePoint site continues to ensure proper reporting, investigations, and follow through to closure. The site captures each case as it moves through the process. This continues to allow the Appointing Authority to review cases and ensure timely resolution as well as closure. The benefits to this site are that documents are attached to each case so they can be shared even when cases are across the state, the site is restricted to maintain confidentiality of all parties involved, and now provides a detailed tracking of all cases including archiving as required by DOJ standards.

Identified Gaps and Associated Action Plans:

- One area identified and addressed during this reporting period is that agency divisions needed a focused communication process to ensure that all are working cross-divisionally in alignment with each other to ensure follow through, confidentiality, and follow-up as an individual transitions through our system. As a result, a collaborative effort with prisons, health services, and reentry resulted in a new and improved workflow

model ensuring communication, timelines, and follow through happen on a more consistent basis. Thus reducing risk to individuals, staff, and the general public.

- Creation and Implementation of the Fentanyl Task Force (FTF) commenced to represent all of DOC and the lead and MA5 are located within the reentry division. Their guiding principles, duties, and roles are but not limited to education, treatment, and enforcement as it pertains to design, development, and implementing multi-disciplinary strategies to combat the introduction and proliferation of fentanyl in DOC facilities enterprise wide.

Critical Objectives for 2024:

- The Appointing Authorities continue to support a zero-tolerance culture and the healthy, safe incarceration, partial confinement of individuals under the jurisdiction of Reentry. This remains a priority by the focus on timely investigations, proper tracking and reducing closure times by developing an electronic system to maintain information on each reported allegation including following up with victims to ensure their safety and wellbeing.
- Reentry has expanded its PREA trained investigative pool. Those trained are assisting C.I. and Reentry Centers with taking on and being assigned investigations where possible. This will improve investigation timelines and reduce workload if/when needed.

OTHER FACILITIES / OPERATIONAL AREAS

This section details data from facilities no longer in operation, which includes the McNeil Island Corrections Center, Bishop Lewis Reentry Center, Madison Inn Work Release, Pine Lodge Corrections Center for Women, Rap House / Lincoln Park Reentry Center, Larch Corrections Center, and Tacoma Pre-Release. Also included are investigations related to an out-of-state facility, the Indeterminate Sentence Review Board, and staff assigned to agency Headquarters. Current accomplishments and corrective action plans are not associated with these areas.

| Year | Substantiated | | Unsubstantiated | | Unfounded | | Open | | Total | |
|------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|------------------|--------------------|
| | I/I On I/I | Staff On I/I |
| 2013 | 0 | 0 | 0 | 1 | 8 | 0 | 0 | 0 | 8 | 1 |
| 2014 | 1 | 0 | 5 | 1 | 7 | 0 | 0 | 0 | 13 | 1 |
| 2015 | 0 | 3 | 4 | 1 | 6 | 3 | 0 | 0 | 10 | 7 |
| 2016 | 0 | 1 | 2 | 1 | 3 | 2 | 0 | 0 | 5 | 4 |
| 2017 | 1 | 0 | 2 | 2 | 1 | 0 | 0 | 0 | 4 | 2 |
| 2018 | 0 | 0 | 0 | 0 | 1 | 0 | 0 | 0 | 1 | 0 |
| 2019 | 0 | 0 | 2 | 3 | 0 | 0 | 0 | 0 | 2 | 3 |
| 2020 | 0 | 0 | 0 | 1 | 0 | 2 | 0 | 0 | 0 | 3 |
| 2021 | 0 | 1 | 1 | 1 | 1 | 0 | 2 | 0 | 4 | 2 |
| 2022 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 2 | 0 | 2 |
| 2023 | 0 | 1 | 0 | 2 | 0 | 1 | 1 | 2 | 1 | 6 |

DEFINITIONS as updated 05/07/2024

Sexual Misconduct includes aggravated sexual assault, individual-on-individual sexual assault, sexual abuse, and sexual harassment. It also includes staff-on-individual sexual harassment and staff sexual misconduct.

Staff include department employees, contract staff, volunteers, and any other person providing services in department facilities or offices.

Consensual, non-coerced sexual activity between individuals under the Department's jurisdiction is prohibited by department rule but is not defined as a violation of PREA policies.

The following definitions are applicable to department policies relating to sexual misconduct:

- A. **Aggravated Sexual Assault** includes sexual acts perpetrated by either staff or an individual that occurred within the previous 120 hours and involve penetration or exchange of bodily fluids.
- B. **Individual-on-Individual Sexual Assault** is an incident in which one or more of the following acts occurs between 2 or more individual if the victim does not consent, is coerced into such act by overt or implied threats of violence or is unable to consent or refuse:
1. Contact between genitalia (i.e., penis, vulva, vagina) or between genitalia and the anus involving penetration, however slight. This does not include kicking, grabbing, or punching genitals when the intent is to harm or debilitate rather than sexually exploit.
 2. Contact between the mouth and the penis, vagina, vulva, or anus.
 3. Penetration of the anal or genital opening of another individual, however slight, by a hand, finger, or other instrument.
 4. Coerced sexual activity in response to pressuring, offer of protection, payment of debt, etc.
- C. **I/I-on-I/I Sexual Abuse** includes sexual contact between two or more individuals if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:
1. Any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or buttock of another person excluding contact incidental to a physical altercation.
 2. Excluding kicking, grabbing, or punching when the intent is to harm or debilitate rather than sexually exploit.
- D. **Staff Sexual Misconduct** includes the following acts when performed by staff:
1. Engaging in sexual intercourse with an I/I.
 - a. Sexual intercourse includes vaginal, anal, and oral intercourse, as well as the penetration of an individual's anal or genital opening, however slight, by a hand, finger, object, or other instrument. Penetration with an object is not considered sexual intercourse when it is done for the purpose of a legitimate medical procedure.
 2. Allowing an individual to engage in sexual intercourse as defined above with another staff.

3. Intentional contact either directly or through clothing, of or with the genitalia, anus, groin, breast, inner thigh, or buttock of an incarcerated individual that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
4. Compelling or allowing an individual to touch the genitalia, anus, groin, thigh, breast, or buttock of any staff or another individual, either directly or through clothing, that is unrelated to official duties or where the staff has the intent to abuse, arouse, or gratify sexual desire.
5. Kissing an individual or allowing oneself to be kissed by an individual.
6. Any display by a staff of his/her uncovered genitalia, breast, or buttock in the presence of an individual.
7. Voyeurism - An invasion of privacy of an individual by staff for reasons unrelated to official duties, such as peering at an individual who is using a toilet in their cell to perform bodily functions, requiring an individual to expose their buttocks, genitals, or breasts, or taking images of all or part of an individual's naked body or of an I/I performing bodily functions.
8. Engaging in any of the following acts for the purpose of gratifying the sexual desire(s) of any person or getting an I/I to engage in staff sexual misconduct, or when the act has sexual undertones (i.e., can reasonably be inferred to be sexual in nature, judged according to a reasonable person's reaction to a similar act under similar circumstances):
 - a. Writing letters, showing pictures, or offering gifts or special privileges to an incarcerated individual.
 - b. Engaging in a personal relationship with an individual known to be under Department jurisdiction, without legitimate penological purpose unless expressly authorized by the Secretary/designee.
 - c. Pat or strip searches conducted in violation of DOC 420.310 Searches of Incarcerated Individuals, DOC 420.325 Searches and Contraband for Work Release, DOC 420.390 Arrest and Search, and/or operational memorandums.
9. Threatening, bribing, or coercing an individual to engage in staff sexual misconduct.
10. Any attempt or request to engage in sexual misconduct.
11. Purposefully helping another person engage in staff sexual misconduct.
12. Discouraging or preventing individuals and/or staff from making good faith reports of staff sexual misconduct in a timely manner.

E. **Sexual Harassment** includes:

1. Repeated and unwelcome sexual advances, requests for sexual favors, verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one individual directed toward another, or
2. Deliberate and repeated verbal comments or gestures of a sexual nature to an individual by staff, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures, to include:
 - a. Comments made by staff about an I/I's body intended to abuse, humiliate, harass, degrade, or arouse any person.
 - b. Demeaning or sexually oriented statements/gestures made by staff in the presence of an individual.

Department of Justice PREA Resource Center, (FAQ 06/02/2015) states, "'Repeated, in the context of this provision, means more than one incident. Please note that the

seriousness of the conduct should be taken into account in determining the appropriate commensurate response by the agency or facility. Serious misconduct along these lines, even if committed once, should still be addressed by the agency or facility.”